

# Partnering for Safety

*Working in partnership with parents, children and their networks to build stronger, safer families*



**Training with Eric Sulkers and Sonja Parker**

Belgium  
October 2014

# Index

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	Pages
Exercise Three	3
Moving to trauma-informed Danger Statements and Safety Goals	4 - 11
The ‘Immediate Story’	12 - 23
The “Family Roadmap”	24 - 37
NVR Principles	38 - 44
Principles of Safety Planning	45 - 48
Safety Planning for long-term safety and wellbeing	49 - 58
Constructing Danger Statements and Goal Statements <i>with</i> families	59
Questions you can use to help develop mutually-constructed Danger Statements and Goal Statements	60 - 62
The Safe Contact Tool	63 - 65
Case Example: Wilkes family safety plan	66 - 78

# **EXERCISE ONE**

Please get into groups of 4 for our “World Café”. Choose people you don’t know well and/or you don’t normally work with.

1. This first part of the exercise is on your own. Take a few moments to think about and jot down your thoughts in response to the questions below.

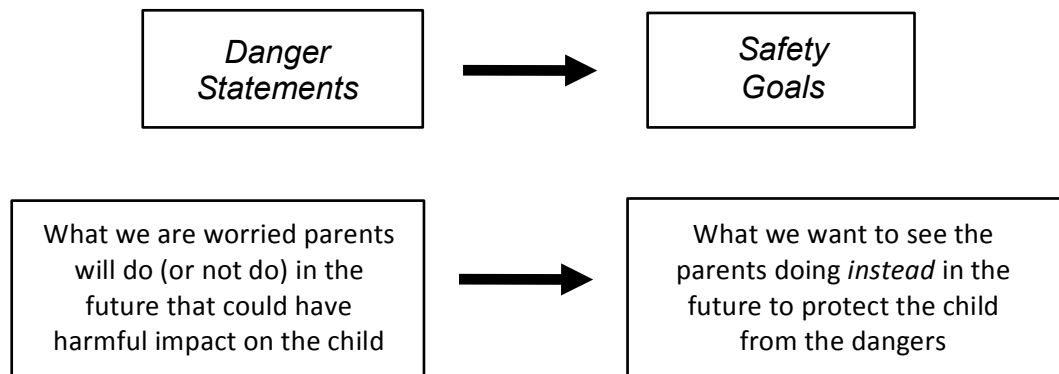
1. *One piece of work from the past year that I’m really proud of is .....*
2. *What did you do to help that happen (and what would others say you did)?*
3. *What did you learn from that experience?*

2. Share your thoughts and ideas within your group. You have 20 mins for this second part of the exercise.

## Moving to Trauma-Informed Danger Statements and Safety Goals

The latest knowledge and understanding about brain development and the impact of trauma is beginning to influence the way that we think about danger and safety within child protection contexts. One practical application of this is a broadening of the way we think about and describe the dangers to children and the safety goals within child protection assessment and safety planning processes. Before we consider some new developments, let's look first at current thinking about danger statements and safety goals.

### Current Thinking about Danger Statements and Safety Goals



#### Danger Statements

Danger statements describe what we are worried parents might do (or not do) in the future that could lead to the children being harmed. Working with all of the key stakeholders to identify the future danger to the children is critical in planning for future safety. For the statutory agency, these statements of future danger identify the reason for our involvement and the concerns that must be addressed for the case to be closed.

Danger statements are organised within the 5 categories of child abuse/maltreatment.

1. Future physical harm
2. Future sexual harm
3. Future emotional/psychological harm
4. Future neglect
5. Future witnessing of family violence

#### Safety Goals

Safety goals are clear, behavioural statements about WHAT the parents will be doing differently in their care of the children in the future to address the statements of future danger and to protect the children from the identified dangers (the identified possible behaviour of the parents, within the identified dangerous circumstances). The safety goals provide a vision for future safety and the focus and direction for the creation of rigorous safety plans.

Safety goals are constructed to directly address the danger statements. The danger statements need to have been identified before you can develop the safety goals and in some ways, the safety goals are the 'mirror image' of the danger statements. If danger statements describe what we are worried the parents might do within particular circumstances or contexts (that could lead to harm to the children), safety goals describe what we want to see the parents doing instead within these circumstances to ensure the safety of the children.



## Trauma-Informed Danger Statements and Safety Goals

If we broaden our focus to:

- Include a more trauma-informed lens in thinking about future impact on the child.
- Acknowledge the possible trauma impact of CPS interventions.
- Promoting healing and recovery from past trauma.

What would this mean to the way we think about, and talk with families about:

- Danger Statements?
- Safety Goals or Goal Statements?

### Trauma Informed Danger Statements

There are three ways that danger statements can be informed by a greater understanding and integration of the latest trauma knowledge.

1. Bring more of a trauma lens to describing possible impact on the child within our current danger statements.
2. Introduce danger statements that specifically and transparently describe our concerns (and the family's concerns?) about the possible traumatic impact of CPS interventions.
3. Introduce danger statements that focus on the importance of trauma healing and recovery and our concerns if this doesn't happen.

#### **1. Bring more of a trauma lens to describing possible impact on the child**

Within the way that we currently write danger statements (and within each of the categories of abuse or neglect), we can be more trauma informed in the way that we think about and describe the possible impact on the child. For example:

##### Current Danger Statement

*CPS are worried that when Trevor and Kristy get angry with each other in the future, that they will hit each other and scream at each other and that Kimmy will be really frightened by seeing and hearing this and could get accidentally hurt if she gets caught in the fighting.*



##### Trauma informed Danger Statement

*CPS are worried that when Trevor and Kristy get angry with each other in the future, that they will hit each other and scream at each other and that Kimmy will be really frightened by seeing and hearing this and might be so frightened that her brain might stay in that frightened and stressed state and then her brain won't be able to develop properly. CPS are also worried that Kimmy could get accidentally hurt if she gets caught in the fighting.*

## **2. Introduce danger statements that describe our concerns (and family's concerns?) about the possible traumatic impact of CPS interventions**

Despite our best intentions, child protection policies and processes can and do have traumatic impact on children (and families). While this is a difficult reality to discuss with families, it is an issue that must be put on the table so that everyone can think through how we could work collaboratively to minimise any traumatic impact from our CPS interventions.

There are three types of danger statements that describe the possible traumatic impact of CPS interventions:

### **2.1 Worry that the child will think it is their fault**

Concern that the child will believe it is their fault that they are being removed from parents' care (or the immediate safety plan changes are in place) and that they are bad/there is something wrong with them. For example:

*CPS is worried that Kimmy will be confused and scared when she isn't living with her mum and dad and might think that it is her fault or that she can't live with her mum and dad because she has done something wrong.*

This danger statement creates the opportunity to talk with the parents, network and foster carers about the importance of the child understanding why they were removed from the parents' care (or the immediate safety plan has been put in place) and in hearing from everyone (and particularly from the parents, who carry the most powerful voice) that it was not the child's fault. This danger statement can also help to introduce or to reinforce the importance of the 'Immediate Story' and then the later, the more detailed and collaborative Words and Pictures story.

### **2.2 Worry that the child will be traumatised by being removed from his/her parents and not seeing the parents regularly**

When a child is removed from their parents' care, it is possible for the child to be so shocked and distressed that they will become emotionally frozen, both because they can't deal with this amount of stress on their own and they don't have their parents (close attachment figures) with them to help them regulate this stress. If the child doesn't see his/her parents/family quickly enough and often enough to receive the comfort they need to be able to cope with what is happening, they will remain emotionally frozen and won't be able to form a nurturing relationship with their new caregivers. For example:

*CPS is worried that Kimmy will be really sad and frightened by not being with her mum and dad and that if Kimmy doesn't get to see her mum and dad soon and very often and be able to be comforted by them, that she will freeze up emotionally as a way of coping and then won't be able to be comforted or to trust and feel close to people.*

This danger statement highlights the importance of immediate, frequent and regular contact and can help to engage workers, families and a network in working together to establish safe, regular and frequent contact visits.

### 2.3 Worry that child won't have a stable, long-term home (permanency)

For child in care, there is a concern that the child might be moved from placement to placement and won't have the stable home they need to help them feel loved and safe and that they belong. For example:

*CPS is worried that if Kimmy isn't able to safely return home soon and has to stay in foster care for a while, that she might have to move from place to place and then won't have a stable home that helps her to feel loved and safe and secure.*

This danger statement highlights the importance of establishing safety and returning the child back to the parents' care, as quickly as possible. For some parents, hearing the reality of what their child's life could be like in foster or residential care, can be an additional motivating factor to work as quickly as possible to establish a network, create a safety plan and make the necessary changes to enable their child to safely return home. And in situations where establishing future safety in the parents' care is not possible, this danger statement creates the opportunity to explore with the parents the possibility of long term care with other family members.

### **3. Introduce danger statements that focus on the importance of trauma healing and recovery and everyone's concerns if this doesn't happen**

Once safety has been established, it is then crucial to focus on enabling the child to heal from the traumatic events and/or neglect that they have experienced. These trauma healing and recovery danger statements can only be addressed once safety is in place<sup>1</sup>, so the process of focusing on these danger statements will usually happen after all the safety goals have been achieved. It is important to introduce these statements at the beginning of the safety planning process, but focusing on the trauma healing and recovery danger statements in detail may not be possible until later in the safety planning process.

#### 3.1 Re-experiencing trauma

Concern that if the child doesn't receive trauma treatment to heal from the traumatic event/s in the past, then the child's stress system will continue to be highly activated and the child will continue to re-experience the trauma and feel unsafe, even after the abuse has stopped.

*CPS is worried that Kimmy might have some scary memories from the past and that if she doesn't get help in healing those memories, that she will continue to be frightened and really stressed in the future from things like loud voices and noises, even after the fighting between mum and dad has stopped. If Kimmy continues to be frightened and stressed, then her brain won't be able to develop properly and learn new things.*

This danger statement highlights the fact that trauma healing is not just important, but critical. Until trauma healing has been achieved, the child will not feel safe and they will continue to be impacted by the trauma, both physically and emotionally.

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<sup>1</sup> Struik, A (2014). *Treating Chronically Traumatized Children: Don't Let Sleeping Dogs Lie!* Routledge.

### 3.2 Impaired bonding and attachment

In situations of neglect, the child may not have been able to form the essential bonding that is required for healthy development. There is a danger that unless child gets the nurturing experiences they need to help their brain learn how to form healthy and close emotional relationships, that the child won't be able to form a close and loving relationship with their parents/caregivers to help them feel safe and secure and loved and they will have trouble forming close relationships in the future. For example:

*CPS are worried that because of what happened in the past, Kimmy's brain might not have learned how to trust and be close to people and that unless Kimmy gets help in learning these things, CPS are worried that she will find it hard to have close relationships in the future and will feel very alone and not be able to trust people.*

This healing can happen only after the child's stress system has calmed down (through trauma processing), as it is only then that the child's brain can go from a survival state back to a developing state. This danger statement highlights the importance of healing and recovery for the child's long term health and wellbeing.

### 3.3 Impaired Development

For children who have developmental delay as a result of trauma or neglect, the danger is that if the child doesn't receive intensive and regular therapy to help their brains catch up with what they missed when they were little, then they may not be able to catch up on their developmental milestones and might struggle to do well at school and in their future life. For example:

*CPS is worried that if Kimmy doesn't get regular therapy to catch up on her developmental milestones, that her brain won't develop as she well as it needs to and that Kimmy will struggle with learning and will have difficulties at school.*

As described in 3.2, this healing can happen only after the child's stress system has calmed down, as it is only then that the child's brain can go from a survival state back to a developing state. This danger statement highlights the importance of healing and recovery for the child's long term health and wellbeing.

## Trauma Informed Goal Statements

Danger Statements	Goal Statements	Purpose
<b>1. <u>Bring more of a trauma lens to describing possible impact on the child</u></b>		
<i>CPS are worried that when Trevor and Kristy get angry with each other in the future, that they will hit each other and scream at each other and that Kimmy will be really frightened by seeing and hearing this and might be so frightened that she might stay in that frightened and stressed state and then her brain won't be able to develop properly. CPS are also worried that Kimmy could get accidentally physically hurt if she gets caught in the fighting.</i>	<i>Mum and Dad will work with CPS and a network of friends and family to show everyone that when they get angry with each other in the future, that they will sort things out in ways that are always safe for Kimmy to be around.</i>	Danger Statements (safety focus) are informed by a clearer description of the possible long term traumatic impact on child. Help parents/ network to understand both the possible short term and long term impact of their behaviour and the importance of addressing the dangers.
<b>2. <u>Minimising the possible traumatic impact of CPS interventions</u></b>		
<b>2.1 <u>Worry that child will blame themselves</u></b>		
<i>CPS is worried that Kimmy will be confused and scared when she isn't living with her mum and dad and might think that it is her fault or that she can't live with her mum and dad because she has done something wrong.</i>	<i>Mum and Dad and CPS and Kimmy's foster carers will all work together to help Kimmy understand why she can't live with Mum and Dad at the moment and help her to understand that it isn't her fault and that she hasn't done anything wrong.</i>	Helps everyone to understand the importance of the child understanding why they were removed from the parents' care (or the immediate safety plan has been put in place) and in hearing from everyone (and particularly from the parents, who carry the most powerful voice) that it was not the child's fault. This danger statement and safety goal can help to introduce or to reinforce the importance of the 'Immediate Story' and then the later, more detailed and collaborative Words and Pictures story.

<b>2.2     <u>Worry that the child will be traumatised by being removed from his/her parents and not seeing the parents regularly</u></b>		
<i>CPS are worried that Kimmy will be really sad and frightened by not being with her mum and dad and that if Kimmy doesn't get to see her mum and dad soon and very often and be comforted by them, that she will become emotionally frozen and then won't be able to be comforted or to trust and feel close to people.</i>	<i>Mum and Dad and CPS and Kimmy's foster carers will all work together to make sure that Kimmy has a visit with Mum and Dad as soon as possible after she goes to live with her foster family and that Kimmy has a clear plan for regular and frequent visits with Mum and Dad.</i>	Highlights the importance of immediate, frequent and regular contact and can help to engage workers, families and a network in working together to establish safe, regular and frequent contact visits.
<b>2.3     <u>Worry that child won't have a stable, long-term home (permanency)</u></b>		
<i>CPS is worried that if Kimmy isn't able to safely return home soon and has to stay in foster care for a while, that she might have to move from place to place and then won't have a stable home and will feel sad, confused and scared.</i>	<i>Mum and Dad and CPS will work together to try to bring Kimmy safely home as quickly as possible and that in the meantime, will try to make sure that Kimmy has a stable home with caregivers who are able to provide her with the care, nurturing and support that she needs.</i>	Highlights the importance of establishing safety and returning the child back to the parents' care as quickly as possible. Can be an additional motivating factor for some parents to participate in the safety planning process. And in situations where future safety in the parents' care isn't possible at this time, creates the opportunity to explore with the parents the possibility of long term care with other family members.
<b>3.     <u>Statements that focus on the importance of trauma healing/recovery</u></b>		
<b>3.1     <u>Re-experiencing trauma</u></b>		
<i>CPS is worried that Kimmy might have some scary memories from the past and that if she doesn't get help in healing those memories, that she will continue to be frightened and really stressed in the future from things like loud voices and noises, even after the fighting between mum and dad has stopped. If Kimmy continues to</i>	<i>Mum and Dad and CPS and the family's network will work together to make sure that once the safety plan is in place, that Kimmy will then have trauma treatment so that she can heal from what happened in the past and be as healthy and happy as possible in the future.</i>	This danger statement highlights the fact that trauma healing is not just important, but critical. Until trauma healing has been achieved, the child will not feel safe and they will continue to be impacted by the trauma, both physically and emotionally.

<i>be frightened and stressed, then her brain won't be able to develop and work properly.</i>		
<b>3.2     <u>Impaired bonding and attachment</u></b>		
<i>CPS are worried that because of what happened in the past, Kimmy's brain might not have learned how to trust and be close to people and that unless Kimmy gets help in learning these things, CPS are worried that she will find it hard to have close relationships in the future and will feel very alone and not be able to trust people.</i>	<i>Mum and Dad and CPS and Kimmy's foster carers will all work together to make sure that Kimmy receives the love and nurturing and healing that she needs to help her brain learn how to trust and form close relationships with people.</i>	This healing can happen only after the child's stress system has calmed down (through trauma processing), as it is only then that the child's brain can go from a survival state back to a developing state. This danger statement highlights the importance of healing and recovery for the child's long term health and wellbeing.
<b>3.3     <u>Impaired Development</u></b>		
<i>CPS is worried that if Kimmy doesn't get regular therapy to catch up on her developmental milestones, that her brain won't develop as well as it needs to and that Kimmy will struggle with learning and will have difficulties at school.</i>	<i>Mum and Dad and CPS and Kimmy's foster carers will all work together to make sure that Kimmy receives the love and nurturing and therapy that she needs to help her catch up with her developmental milestones.</i>	As described in 3.2, this healing can happen only after the child's stress system has calmed down, as it is only then that the child's brain can go from a survival state back to a developing state. This danger statement highlights the importance of healing and recovery for the child's long term health and wellbeing.

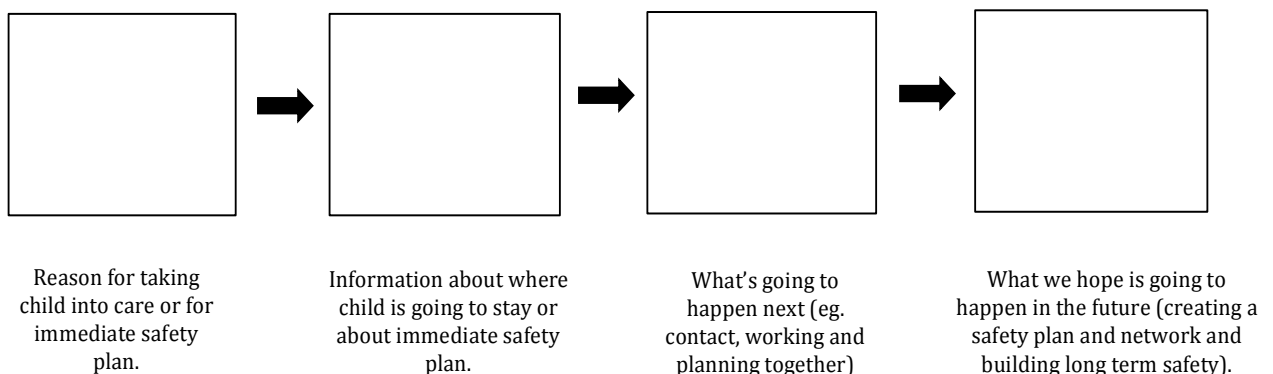


# The 'Immediate Story'

The 'Immediate Story' is a clear, simply worded story that is developed by the child protection agency and provided to the child at the point when the child is removed from the parents' care (or as soon as possible afterwards), or when the agency starts working with the family to create an immediate safety plan. The 'Immediate Story' provides a simple explanation to the child about the reason for the child protection intervention, about what is happening now or has just happened (for example, the child is being removed from their parents' care and going to stay with other family members or foster carers, or Dad is going to stay somewhere else and Grandma is going to move in), and what is going to happen next in the safety planning process.

The 'Immediate Story' method has been developed by Sonja Parker as part of her work with Arianne Struik<sup>1</sup>, in developing trauma-informed safety planning. Even with the best of intentions, our child protection processes (particularly when they involve the removal of a child or the threat of removal of a child) can be shocking and potentially traumatising for children (and parents), so a clear and simple explanation is essential to help mitigate any unintended harm or trauma from our interventions. Research<sup>2</sup> shows that a shocking event doesn't have to be traumatising if you are able to understand what is going on and you are able to receive comfort from someone who understands. The 'Immediate Story' provides a clear and immediate explanation to children (and parents) that helps to minimise the traumatic impact of CPS intervention. The story also provides an immediate explanation to parents, foster carers and family members so that they are able to reinforce this explanation and provide informed comfort and support to the child.

## 'Immediate Story'



<sup>1</sup> Arianne Struik: <http://www.ariannestruik.com>

<sup>2</sup> [http://mentalhealth.vermont.gov/sites/dmh/files/report/cafu/DMH-CAFU\\_Psychological\\_Trauma\\_Moroz.pdf](http://mentalhealth.vermont.gov/sites/dmh/files/report/cafu/DMH-CAFU_Psychological_Trauma_Moroz.pdf)

The 'Immediate Story' has four components:

1. Who made the decision that child can't live with parents at the moment or that an immediate safety plan is needed, and a simple explanation about why this decision was made.
2. Where the child is going to be living in the short/medium term or summary of immediate safety plan.
3. What's going to happen next (in the short term) eg. establishing contact, planning together.
4. What we hope is going to happen long term (creating a safety plan and strengthening the family's support and safety network and building long term safety so that the child can return home or the family can live together again).

The first part of the 'Immediate Story' contains a clear explanation from the child protection agency about the reason for the child protection intervention. Children who have experienced abuse and/or neglect will often think that they are to blame for what is happening and that they are not able to stay with their parents (or that Dad has to go and live somewhere else) because they are a 'bad child'<sup>3</sup>. This simple explanation, provided early in the process, helps to counter any belief the child may develop that somehow it is all their fault. While this message to the child would be more powerful if it was coming from the parents, at this early stage in the child protection intervention it is usually not possible to develop a more detailed explanation in collaboration with the parents. This part of the story can be built on later within the collaboratively developed 'Words and Pictures' process<sup>4</sup>. It also forms an introduction to the importance of the 'Trauma Healing Story'<sup>5</sup>, which will be developed later as part of the healing and trauma treatment process.

The second part of the 'Immediate Story' provides a brief explanation about where the child is going to stay (if they are being removed from the parents' care) or about the most important details of the immediate safety plan (eg. if Dad is going to stay somewhere else and Grandma is moving in). Particularly when a child is being removed from their family's care, the situation will often be extremely distressing, frightening and confusing for a child, so simple information about where they are going to stay and who they will be staying with, can help to minimise any further trauma. Alongside the 'Immediate Story', a foster carer profile<sup>6</sup> is provided to the child, with simple information and photographs of the carers, their family and home.

Including information about the foster carers within the 'Immediate Story' and then showing this story to the parents, also begins to build a relationship between the parents and the carers. One of the obstacles to successful reunification is a lack of communication and collaboration between

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<sup>3</sup> Struik, A (2014). *Treating Chronically Traumatized Children: Don't Let Sleeping Dogs Lie!* Routledge.

<sup>4</sup> Turnell A. and Essex S. (2006). *Working with 'denied' child abuse: the resolutions approach*. Buckingham: Open University Press.

<sup>5</sup> Arianne Struik: <http://www.ariannestruik.com>

<sup>6</sup> Jill Devlin, from Open Home Foundation in New Zealand, developed the idea of creating profiles for foster carers (Te Whanau Nei). For some wonderful examples of foster carer profiles, please see Sonja's website: [www.spconsultancy.com.au/resources.html](http://www.spconsultancy.com.au/resources.html)

parents and foster carers. While building this relationship is a complex and at times challenging process, the simple act of providing parents with some information about the people who are caring for their child can start the process of building a collaborative working relationship. This also opens up the possibility of the parents being willing to create their own profile<sup>7</sup>, which can be provided to the foster carers or other professionals involved in working with the family, to assist in building a working relationship and to minimise any demonising of the parents.

The third part of the 'Immediate Story' reassures the child that they will be having contact with their parents and provides an explanation about when the planning for contact will happen. When a child is removed from the care of their parents, or when a parent moves out of the home as part of an immediate safety plan, establishing safe and meaningful contact between the children and their family is one of the most critical and immediate issues that the child protection agency must deal with. It is also usually one of the first issues that children and parents want to focus on. Establishing safe visits for the child with their parents (and other significant family members) so that the child can receive comfort from their attachment figures, needs to happen as quickly as possible to minimise any additional trauma for the child. The child's primary attachments with his or her parents (or significant caretakers) also need to be upheld for the child to be able to develop healthy attachments with other caretakers and in future relationships<sup>8</sup>.

The fourth part of the 'Immediate Story' provides parents, children, safety and support network members and other professionals (including carers) with an overview of the safety planning process and initial information about the most important non-negotiables of the safety planning process (such as the need for a safety and support network, that safety needs to be demonstrated, and that everyone will need to work together to develop a comprehensive safety plan that leaves everyone confident that the child will be safe in the parents' care in the future). While more detailed information about the safety planning process will need to be provided over time (when people are not as distressed and are able to process more detailed information), it is important to provide at least an overview of the safety planning process at this point so that children and parents are able to begin to participate in the safety planning process and are able to hold on to some hope that it will be possible for the child to return to the parents' care or for the family to live together again. The 'Immediate Story' connects the past, present and future in a way that helps people to retain a sense of hope about the future and not become stuck in the pain of the present or the past.

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<sup>7</sup> Sonja has developed a parent profile template. An example and template is available from her website: [www.spconsultancy.com.au/resources.html](http://www.spconsultancy.com.au/resources.html)

<sup>8</sup> Struik, A (2014). *Treating Chronically Traumatized Children: Don't Let Sleeping Dogs Lie!* Routledge.

So, in summary, the ***purpose*** of the 'Immediate Story' is to:

- Minimise any unintended trauma to children caused by child protection interventions, by providing a clear explanation about what is happening and why. This explanation also helps parents and foster carers provide informed comfort to the child.
- Create a focus on future safety from day one, by providing a simple and clear overview of the safety planning process that helps parents and children retain a sense of hope about future reunification and assists them in understanding and then participating in safety planning, including the development of a safety and support network.
- Bring an immediate focus to the importance of establishing contact visits and collaborative planning for regular, frequent and safe contact.
- Start to build a relationship between parents and foster carers (in situations of out of home care) that can help to minimise trauma for the child, contribute to the child's healing and increase the likelihood of successful reunification.
- Create a bridge to the development of a more detailed and collaboratively developed 'Words and Pictures' story, which is both a necessary foundation for safety planning and contributes to healing for the child (and often for the parents).

#### 'Immediate Story' templates

The casework that is required when a child is removed from their parents' care or an immediate safety plan is being developed can be incredibly taxing for caseworkers (in both time and emotion). Sonja has developed a number of 'Immediate Story' templates so that an 'Immediate Story' can be developed for a family with a minimum amount of work. These templates can be tailored to suit each family by changing a few details or adding personal information.

Templates have been developed for a number of scenarios:

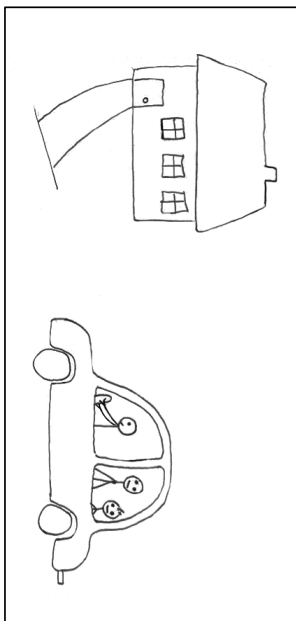
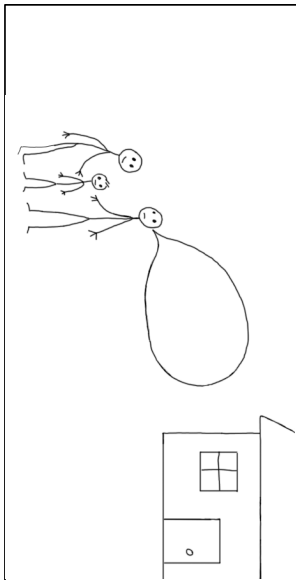
- When a child is being removed from their parents' care and going to stay with foster carers.
- When a child is being removed from their parents' care and going to stay with relatives.
- When an immediate safety plan has been developed that leads to significant changes in the family (eg. one parent moving out, another family member moving in, etc).

These templates can be downloaded from Sonja's website, at:

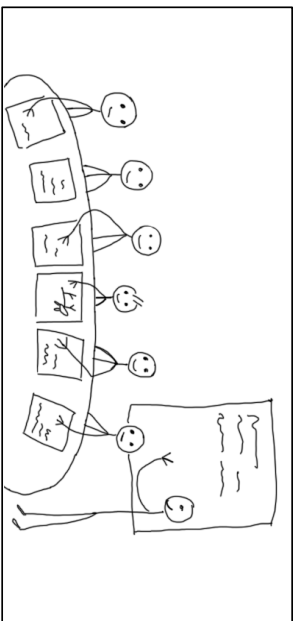
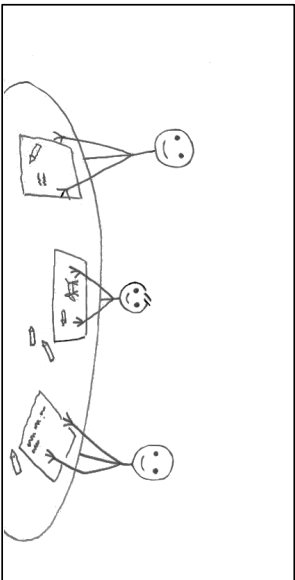
[www.spconsultancy.com.au/resources.html](http://www.spconsultancy.com.au/resources.html)

Case Example (for a 5 yr old child who is being taken into care):

## Immediate Story for Max



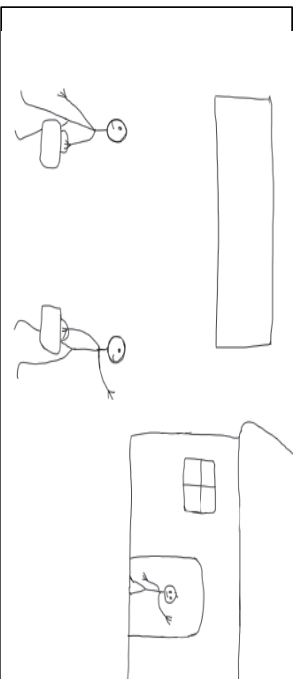
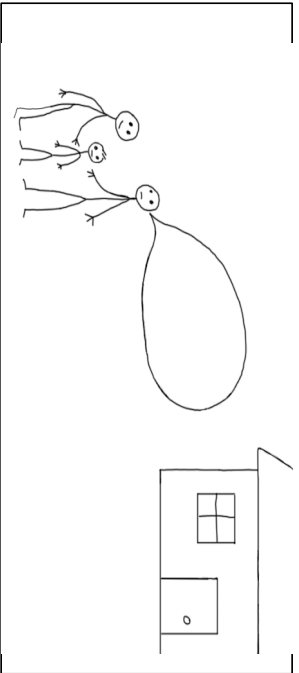
My name is Sonja and I work for the Department for Child Protection. Our job is to help parents and families look after their children and keep them safe. Mum and Dad have got some big problems at the moment and my boss and I are worried that you might get hurt if you keep living with Mum and Dad. So we have decided that you can't stay with Mum and Dad until those problems get fixed up.



I will come back and see you tomorrow and then we can talk about what is going to happen next. We will make some plans about when you are going to see your Mum and Dad and how we can make sure that you are safe during your visits with Mum and Dad.

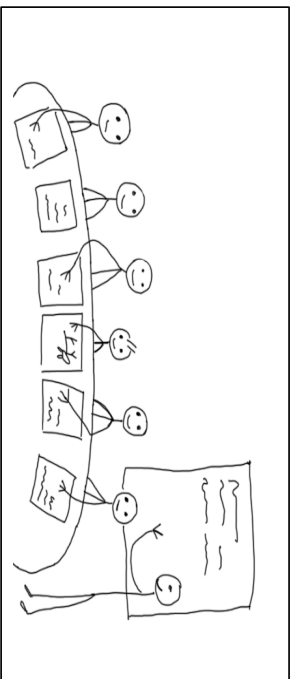
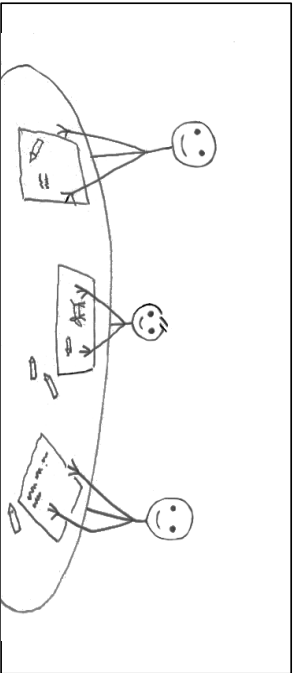
My job is to try to help Mum and Dad fix up the problems so that you can go back home to live with them. I will ask Mum and Dad to invite other people (like family and friends) to come and work with us and help us to make a special plan, called a safety plan, so that the problems can be fixed up and you are able to go back home.

## Immediate Story for Kimmy



My name is Sonja and I work for the Department for Child Protection. Our job is to help parents and families look after their children and keep them safe. Mum and Dad are dealing with some big problems at the moment, which sometimes makes it hard for them to look after you and keep you safe. My boss and I are worried that you might get hurt because of those problems and so we have asked Mum and Dad to make a special plan, called a safety plan, to make sure that you don't get hurt.

The first part of the safety plan says that Dad is going to go and stay with Auntie Kerry and Grandma is going to come and stay at your house. Dad is going to stay at Auntie Kerry's until the big problems get fixed up. Dad can come home to visit, but only when Grandma is there. Mum and Dad are making this plan because they want you to be able to stay at home and be safe.



I will come back and see you tomorrow and we will look at the safety plan together and I will ask you about your ideas. We will also make a plan so that you and Dad can see each other, while he is living at Auntie Kerry's house.

I will keep visiting you all once or twice a week, to help Mum and Dad keep you safe and to talk with everyone about how to fix up the problems. I am going to ask Mum and Dad to invite other people (like Grandma and Auntie Kerry and other family and friends) to help us to make a really strong safety plan, so that the problems can be fixed up and Dad can come back home to live.

## **Process for using the 'Immediate Story'**

### **1. Preparing the 'Immediate Story'**

The 'Immediate Story' templates have been developed to help you prepare the 'Immediate Story' as quickly as possible and with a minimum amount of work. You can use the basic information that is contained in the template and modify or add specific details that are relevant for each family. You can use the pictures that are contained in the template or you can draw your own pictures so that they are more relevant to the particular family. Remember that the 'Immediate Story' doesn't need to contain too much information – just enough to help the child and parents understand what is happening and help the caregivers provide informed support to the child. The 'Immediate Story' provides the foundation for the collaboratively developed and detailed 'Words and Pictures' story, so the family will have a lot of opportunity to contribute to the story over time. It is helpful to put the story inside a folder with plastic inserts, so that the story can be added to as the safety planning process continues.

#### **1.1 When a child is being taken into care**

Prepare the 'Immediate Story' before the child is taken into care (whenever possible) so that the story can be read to the child (if they are old enough) as soon as possible after they have been removed from their parents' care. A copy of the story can then be left with the child and the foster carers/relative carers, so that the explanation can be reinforced with the child over time.

#### **1.2 When an immediate safety plan is necessary**

In some situations, you will know ahead of time that you are going to be working with the family to develop an immediate safety plan and at other times, it will only be during your initial assessment meeting or in the course of your work with a family that it will become clear that an immediate safety plan is necessary. If there is time for you to prepare the 'Immediate Story', then you will be able to add some information beforehand that is specific to the family and other information (such as the details of the immediate safety plan) will need to be added afterwards. You can use an ipad/tablet to add this information during your visit (in collaboration with the parents), or you can print out the 'Immediate Story' with a blank section that can be filled in by hand during your visit and then presented to the child.

In situations where you are not aware ahead of time that you will be working with the family to create an immediate safety plan, then the 'Immediate Story' will need to be prepared on your return to the office. If possible, discuss the 'Immediate Story' and the importance of the child being presented with this story with the parents (and any safety and support network people who are involved at this point) when you are meeting together to create the immediate safety plan. You can then arrange to bring the 'Immediate Story' to the parents and go through it with them, before presenting it to the child.



## 2. When to present the 'Immediate Story'

The 'Immediate Story' is just that – a story that is introduced to the child (and the parents) as quickly as possible to minimise any possible traumatic impact from our child protection interventions. So the 'Immediate Story' process involves presenting this story to the children and parents as close to the time of removal or immediate safety planning as possible.

### 2.1 When a child is being taken into care

If the removal of the child is being done with the knowledge of the parents or caregivers, then it may be possible to introduce the 'Immediate Story' to the parents beforehand and to present the story to the child before they are taken into care. In situations where the removal of the child is not able to be discussed with the parents and the child beforehand, then it is important to go through the 'Immediate Story' with the child as soon as possible – for example, in the car on the way to the carer's home, in the office before transporting the child to the carer's home. Given that the child may be highly distressed, no situation will be ideal, but try to arrange some time and quiet space to talk with the child and go through the 'Immediate Story' to help them to understand what is happening.

### 2.2 When an immediate safety plan is necessary

In situations where you are creating an immediate safety plan with a family, the plan may involve significant changes such as the child going to live somewhere else for a period, members of the family moving out of the house or another family member moving in as a safety person. It is important that the 'Immediate Story' is provided to the child as soon as possible after the immediate safety plan is put into place, so that they are able to understand the reason for these significant changes and what will be happening in the future. As discussed in the previous section, you may not be able to present the 'Immediate Story' to the child on the day that the immediate safety plan is put into place, but it is important that this happens as quickly as possible afterwards. The more significant the changes involved in the immediate safety plan, the more important it is that the child is provided with an immediate explanation.

## 3. Introducing the 'Immediate Story' to the child

Place the story in front of the child and explain to the child that this story is something that you have written (and drawn) to help them understand what is happening. As you are going through the story, read each section carefully to the child and help them to look at the pictures and talk about what is happening in each of the pictures. Older children and teenagers may prefer to read the story themselves and if that is the case, make sure you still go through it with them afterwards.

Some children will want to ask questions in response to the story (see below) and some children will want to add to the pictures and/or to the story. For other children, just hearing the story will be as much participation as they are able to manage at this point.

It is useful to pause as you are going through the 'Immediate Story' to offer the child or young person the opportunity to ask questions. Some children will find it difficult to ask questions and you can help to normalise the process by saying something like:

*I've explained a lot of things to you. When I've explained all of this to other kids, some kids have some questions. Do you have any questions? It's okay to ask me questions about anything at all.*

And when you've finished going through the story, it's helpful to again offer the child or young person the opportunity to ask questions:

*Do you have any other questions? And you can ask me some more questions when I come back to see you tomorrow if you think of anything else.*

As you are going through the story, some children or young people will want to add to the story and/or to the pictures. Allow the child or young person to add whatever they want, as this process will help them both to express how they are feeling and also begin to participate in the process of talking with you about their thoughts and feelings. If the child or young person does make changes, take a photo of changes so that you have a copy and leave the original document with them.

#### **4. Presenting the 'Immediate Story' to the parents**

Although the 'Immediate Story' has been written at a level that the child can understand, it is also a powerful document to work through with the parents. Given the high level of distress and emotion that is likely to be associated with the removal of the children or immediate safety planning, as well as the other issues that parents may be dealing with, such as substance use, mental health issues, intellectual disability and trauma from earlier experiences, parents may not be able to take in or remember much of what has been talked about. The simplicity of the 'Immediate Story' can significantly help parents to make sense of what is going on and what is going to happen in the future. Leaving a copy with the parents will enable the parents to revisit the 'Immediate Story' over time.

##### **4.1 When a child is being taken into care**

After the 'Immediate Story' has been presented to the child or young person, you will then need to present the story to the parents as soon as possible and explain that this is the story that you have provided to their child. It is important to explain to parents that we have provided this story

to their child as a way of helping the child to understand what is happening. If parents are in position to be able to hear more detailed information, you can also explain to the parents that the 'Immediate Story' will help to minimise the trauma for their child.

Many parents will be very distressed and/or angry so soon after their child has been removed, so it may not be a conversation that is easy to have, but taking time to try to have this conversation and to go through the 'Immediate Story' with the parents, can help parents understand more about what is happening – even if they don't agree with it - and then feel more able to participate in the safety planning process.

Explain to the parents that the safety planning process will involve working together to create a more detailed 'Words and Pictures' story for the child and that at this early stage, the 'Immediate Story' is just a brief and simple explanation for the child. Ask parents if there are any important comments or information that they would like to add to the 'Immediate Story'. Explain to the parents that they don't have to agree with the child protection agency's views and that comment from the parents that say that they don't agree can be included. Some parents will want to add their comments and voice to the story, whereas others will not want to do so at this point.

As discussed in point 2 above, if the removal of the child is being done with the full knowledge of the parents, then it may be possible to introduce the 'Immediate Story' to the parents before going through it with the child. If this is the case, parents may be able to suggest changes to the language that will be more appropriate for their child and may want to add to the story, as discussed above. If the parents want to be with you as you present the story to the child, then you will need to ensure that the parents understand the importance of the story and that they will support the explanation being provided to the child. The parents don't need to agree with the story, but they need to be willing to allow you to provide this explanation to the child.

#### 4.2 When an immediate safety plan is necessary

In situations where an immediate safety plan is being put into place, it will often be possible (and preferable) to talk through the 'Immediate Story' with the parents before it is presented to the children. As discussed above, parents can add their comments to the 'Immediate Story', but for some parents, just going through the 'Immediate Story' with you will be as much as they can manage at this stage. Either way, let parents know that part of the safety planning process will involve working together to create a more detailed 'Words and Pictures' story for the child.

If the parents want to be with you as you present the story to the child, then you will need to ensure that the parents understand the importance of the story and that they will support the explanation being provided to the child. The parents don't need to agree with the story, but they need to be willing to allow you to provide this explanation to the child.

## **5. Presenting the 'Immediate Story' to foster carers and relative carers.**

Presenting the 'Immediate Story' to the foster carers or relative carers will assist the carers to provide informed support to the child. One of the common challenges in child protection work is that there is often not a commonly understood story in the beginning about why the child has come into care or why an immediate safety plan is needed, and so the child receives either different explanations from different people or is given no answer or a partial answer in response to their questions. Foster carers and relative carers frequently don't know what to say in response to the child's questions or are worried about saying the wrong thing. While the 'Immediate Story' doesn't contain a detailed explanation and doesn't include the parents' views, it does provide foster carers and relative carers with a simple explanation that they can reinforce with the child about what is happening and what will be happening next.

If you are introducing the 'Immediate Story' to the child or young person after you arrive at the carer's house, then the foster carer or relative carer can sit with you and the child as you go through the story. If you have presented the story to the child prior to arriving at the carer's house, then you can go through the story again with the carers and include the child in this if possible. Going through the story with the children and carers together will reinforce the explanation with the child and also communicate to the child that it is okay for them to talk about these issues with their carer and to ask questions.

You will also need to leave a copy of the 'Immediate Story' with the foster carers or relative carers, so that they are able to go through it again with the child if that is appropriate, or read it again themselves to help them answer questions from the child.

## **6. Follow up visits with the child**

It is important to visit the child again as soon as possible after the child has been placed in care (or an immediate safety plan is in place) to go back over the story with them and also to involve the child in planning what is happening next. The stress of the situation will often mean that the child isn't able to understand or remember the explanation that they were given previously.

Establishing visits for the child with their parents (and other significant family members) so that the child can receive comfort needs to happen as quickly as possible to minimise any additional trauma for the child. Removing a child from their parents is an extremely stressful situation and can be traumatizing for a child, and the child can 'freeze' all feelings. This may also be the case in situations of immediate safety planning where the child goes to stay with someone else or one of the parents/family members needs to move out of the house.

To be able to cope with such a stressful experience, children need an attachment figure to regulate that stress for them. In child protection situations, allowing the parents to provide comfort to the child may seem contradictory because we are trying to protect the child from the parents' behaviour, but in a lot of cases (not all) the parents are also the most important source of comfort and so establishing safe contact as quickly as possible can allow for this comfort to be provided to the child. For the child to be able to learn to trust and be comforted by the new carers over time, the child's attachment system needs to be activated and it is contact with the biological parents that can activate the child's attachment system and 'defrost' the child.

The Safety House tool can be used with the child to help them participate in planning for safe contact with their parents. Involving the child in planning for safe contact will help them to understand more about the safety planning process and begin to be able to participate in meaningful ways.

As the safety planning process with the family continues, make sure you regularly come back to the child to help the child understand what is happening and to find out their views on how things are progressing. And working with the child over time will also make it more possible to develop a relationship of trust with the child, which may mean that over time they feel more confident in asking questions and sharing thoughts and information that they may not have been ready to talk about in earlier conversations.

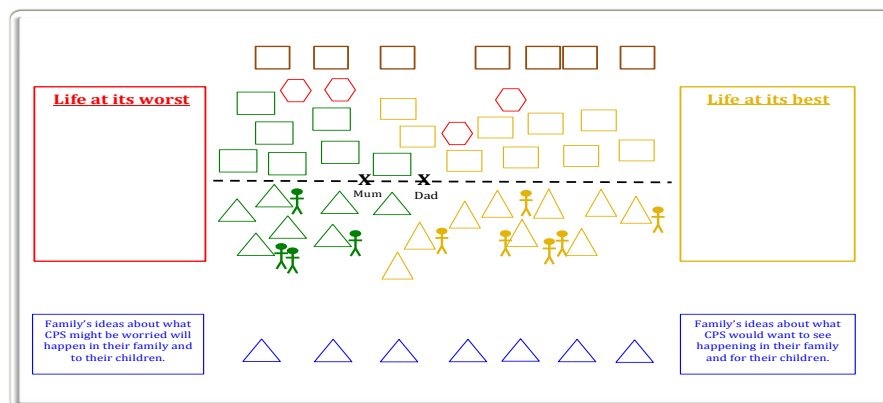
### **Change of Placement**

A version of the 'Immediate Story' can also be used to minimise the confusion and possible trauma for a child as a result of a change of placement.

# The Family Roadmap

The “Family Roadmap” process is a dynamic, participatory and collaborative process that has been designed to help professionals and parents/family members work together to develop effective and detailed safety plans for children.

The “Family Roadmap” process is a visual process that takes place up on a wall, on a large table or on the floor: what’s important is that everyone who is involved in the process can see everything that is being written so that they have the greatest possible opportunity to participate. This high level of participation is the other key characteristic of the “Family Roadmap” process, as family members are actively involved in writing and creating the family roadmap.



## When can you use the family roadmap process?

The family roadmap process can be used anytime you want to hear more from a particular family (and their safety network) about their views on what is happening in the family and their ideas on what needs to happen in the future for the children to be safe. While the family roadmap process is by no means the only process that you can use to have these critical conversations with families, it can often be effective in eliciting more information because of the visual, collaborative and participatory nature of the process.

This might mean that you are using the family roadmap process:

- Soon after you have just begun working with a family, as a means of eliciting their views and as a precursor to sharing the agencies views in more detail.
- After you have been working with a family for a while, if you are finding that the parents/ family members are finding it difficult to share their views and to hear the views of professionals.
- At the point that parents have begun to involve a safety network. The family roadmap process can assist the parents in sharing their views and ideas with the safety network, and begin the process of eliciting the views and ideas of the safety network.
- As a preparatory step for detailed safety planning with the family and safety network.

## Whose views are included in the family roadmap?

The family roadmap is an assessment and planning process and so it is important that the views of all the significant people in the child’s life are included in the family roadmap. How this looks in practice will depend on the family and the extent to which other family members/safety network people are already involved in the assessment process.

For some families, it will be important to initially create the roadmap just with the parents, so that they feel able to express their views without the pressure of having other people involved in the process. If this is the case, then at the end of the process of creating the family roadmap with the parents, you can ask the parents to think about:

- Who else needs to see the ideas that the parents have expressed in their roadmap?
- Who else is significant in the child's life and might have ideas that can be added to the family roadmap?
- Who have been named in the parents' roadmap as important support people?

If the family roadmap is initially created with just the parents, then the next step involves sharing the parents' roadmap and eliciting/incorporating the views of other significant people. In my experience, this is usually best accomplished in a family meeting or conference, which all of the significant people can be invited to attend.

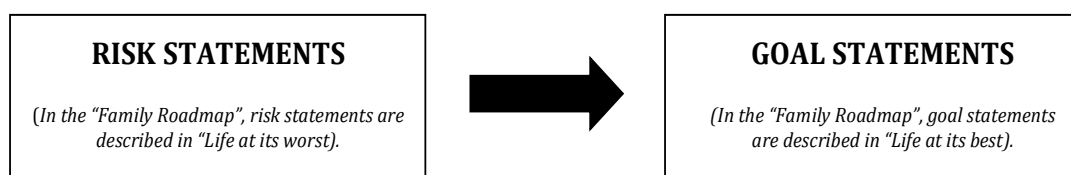
For some families, and particularly if other family members/safety network members are already actively involved in the assessment process or at least in meeting with the child protection agency, you will be able to move directly to creating the family roadmap with the whole group.

### Preparing to create a "Family Roadmap" with a family

To use the "Family Roadmap" process effectively with a family, you need to be well prepared and the information below will help you in your preparation. It's important that you have analysed the case information that you currently have (for example, using the PFS framework). The more that you have worked through your own assessment and thinking about future safety (based on the information that you currently have), the more clearly you will be able to listen to the family's ideas and ensure that you ask questions that cover all of the identified dangers to the children.

At a minimum, you need to be clear about:

- Risk Statements: What you are worried might happen to the children in the future if nothing changes in the family.
- Goal Statements: What changes you would need to see the family doing to be confident that the children will be safe in the future.



### Materials

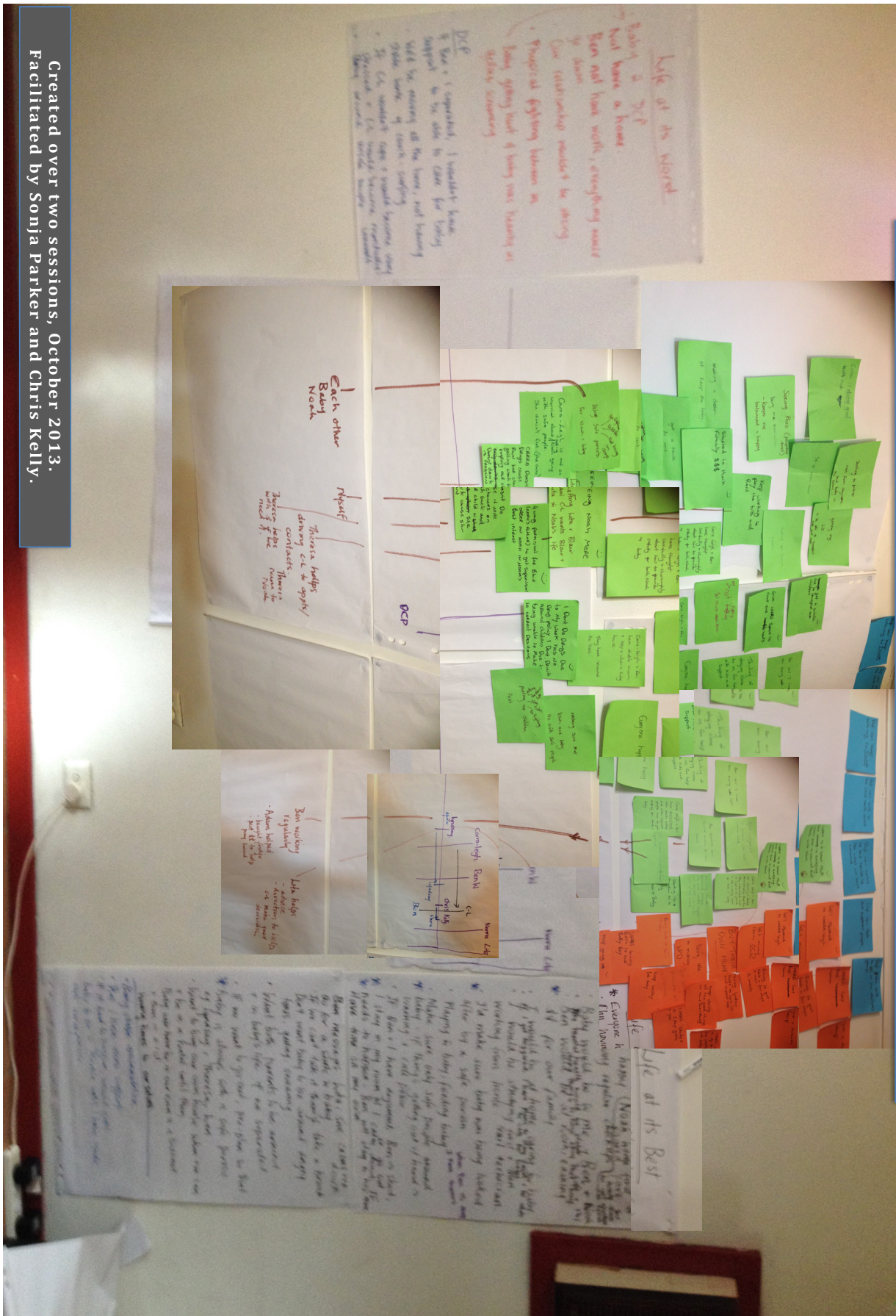
- A large wall or floor space (or a large piece of paper – table size).
- Two A3 pieces of paper (for the "Life at its best" and "Life at its worst" elements).
- Lots of smaller pieces of paper (half A4) in different colours (eg. green for what's going well, yellow for ideas for the future, blue for CPS's involvement and red for roadblocks/obstacles). I usually have about 20 of each colour.
- Blue tac or sticky tape to stick everything on the wall.
- Some way of taking a photograph of the completed "family roadmap" (or the interim "roadmap" along the way).



# Family Roadmap Case Example

## CARRA-LEIGH AND BEN'S FAMILY ROADMAP

Created over two sessions, October 2013.  
Facilitated by Sonja Parker and Chris Kelly.

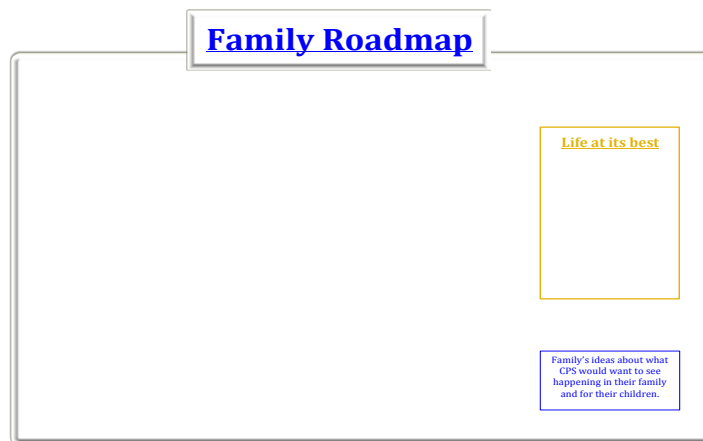


# The Family Roadmap Process

The information below provides a step-by-step explanation of how to create a “family roadmap” with a family. The “family roadmap” process is divided into a number of steps, which can all be completed in one session or can be worked through over a number of sessions. Within each step, the participants are invited to write each piece of information that has been identified on a piece of paper and to stick it on the roadmap (or the facilitator can write it on the wall).

## **Step 1: Life at its Best**

The “Family Roadmap” process begins by asking the family to describe what would be happening in their family and for their children when life was at its best for them. This information is written on a large sheet of paper that has been stuck on the RHS of a blank wall or floor space (or RHS of a large piece of paper). Creating the family roadmap starts with this visioning process to identify the family’s positive vision for the future and to create energy and hope to work toward these positive changes.



I usually start by asking a question such as:

*“Let me ask you a question. If life was at its best for your family and for your children, what would be happening in your family? What would I see you both doing when things were at their best?”*

Follow up questions: *“What else would be happening? What else? What else would you be doing? What would the children notice was happening? What would \_\_\_\_ (other significant people) notice happening?”*

Sometimes people find it hard to imagine the future, so then you can ask the same question but focused on when things have been at their best for the family in the past eg. *“Let’s talk about the past for a moment. When things have been at their best in your family in the past, what was happening then? What else was happening? What else? What were you both doing when things were at their best? What was life like for your children when things were at their best in your family?”*

The more detailed this vision of family life at its best, the easier it will be for the family to start to create more of this life, so you may need to ask lots of detail questions. The questions I usually ask are: Who? What? Where? When? How?

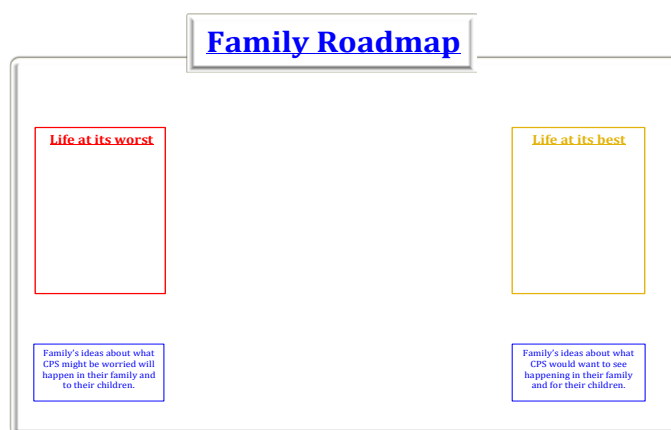
- Who (will be doing that)?
- What (tell me some more about what you would be doing?)
- Where (would this be happening)?
- When (might this happen)?
- How might this impact on the kids? What difference do you think it will make for them?

Continue asking *“What else would be happening in your family and for your kids when life was at its best?”* and follow up questions until you have a rich and detailed description of the family’s vision of life at its best for their family.

The final stage in this first part of the process involves asking the family to consider the views of relevant professionals (eg. the agency or child protection services), using questions such as: *“Of those things you have described, which of those do you think our agency (or CPS) would also want to see happening in your family? Is there anything else that you think agency (or CPS) would want to see happening in your family? What of all of this do you think agency (or CPS) would see as the most important?”*. Record the family’s ideas about the views of the agency of CPS on a piece of paper underneath the “Life at its best” page (the bottom of the “family roadmap” is where the views and involvement of relevant professionals is located) and in a separate colour.

## Step 2: Life at its Worst

Having described family life at its best, we then ask the family to talk about what life would be like at its worst in their family and this is recorded on a piece of paper on the LHS of the wall. The acknowledgement and exploration of life at its best will usually make it easier for families to then talk about the more difficult and challenging aspects of their lives (life at its worst).



I usually introduce this by asking a question such as:

*“We’ve talked about what life is like or would be like at its best in your family, but things are not always at their best and every family has difficult times. So if life was at its worst for your family, what would that look like? What would be happening in your family and for your children if life was at its worst?”*

Follow up questions: *“What would you both be doing? What else would be happening if life was at its worst? What would the children notice if life was at its worst? What would \_\_\_\_ (other significant people) notice happening?”*

Again you may need to use detail questions to elicit the necessary detail. The more detailed this description of family life at its worst, the easier it will be for the family to come up with ideas for how to address these challenges and problems.

- Who (would be doing that)?
- What (tell me more about what would be happening/ what you would be doing?)
- Where (might this be happening)?
- When (might this happen)?
- How might this impact on the kids?



Continue asking *“What else would be happening in your family and for your kids when life was at its worst?”* and follow up questions until you have a detailed description of what is happening in the family when life is at its worst.

The final stage in this first part of the process involves asking the family to consider the views of your agency and child protection services, using questions such as: *“Of those things you have described, which of those do you think our agency (and/or CPS) would also be worried would be happening in your family? Is there anything else that you think our agency (and/or CPS) would be worried would be happening in your family? What of all of this do you think our agency (and/or CPS) would see as the most worrying?”*

As the family start to talk about the details of life at its worst, they may describe some pretty difficult and challenging circumstances. It’s really important that you don’t get caught up in “evidence gathering” at this point and that the family feel able to talk without being judged or in danger of having this information used against them. The focus here is on understanding and describing the problems as clearly as possible so that these problems and challenges can be addressed together. If information is disclosed that has you worried about the children’s immediate safety, you will need to take action to ensure the children’s safety, but using this process to further explore the parents’ ideas about future safety will create a greater opportunity to build immediate and future safety for the children in collaboration with the parents.

### **Step 3: Adding to “Life at its Best”**

In the family’s description of what life would be like at its worst in their family (and their ideas on the agency and CPS’s views about this), the family may describe issues or worries that they have not addressed in the vision of life at its best. The third step involves making sure that “Life at its best” covers all of the issues or worries that have been raised when talking about “Life at its worst”. I usually do this by working with the family to compare the two descriptions and asking the family to check that each of the points that have been described in “Life at its worst” have been covered in “Life at its best”.

*“Okay, now you have described what life would be like at its best in your family and for your children, and what life could be like at its worst (pointing to each of these on the wall, the board or on the table as you are talking). Can we just make sure that your description of “Life at its best” has covered all of the worries or difficulties that could create problems for you or for the children?”*

Then work through each of the issues described in “Life at its worst” and ask the family to check if this has been covered in the description of “Life at its best”. For example:

*“The first thing you said in your “Life at its worst” was that you would both be using drugs again and spending money on drugs rather than on food for the kids, and that the kids would be hungry and pretty sad and getting sick. Does what you’ve got in your “Life at its best” describe what you want to have happening instead of that?”*

*“The next thing you said in your “Life at its worst” was that you would be fighting with each other and screaming at each other and that the kids would be pretty frightened by all of that. Have you described what you want to have happening instead in your “Life at its best”?”*

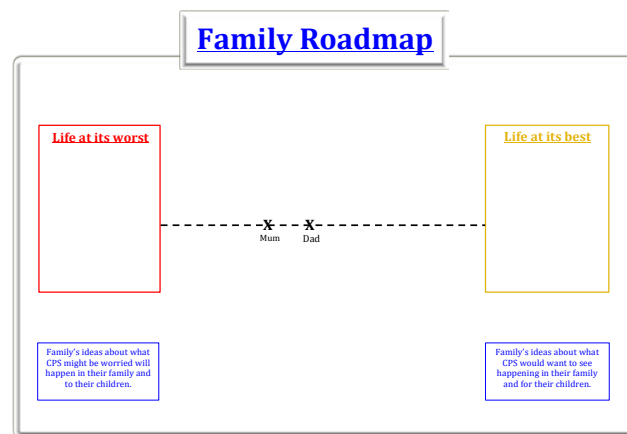
If the issue has not been covered, or has not been covered fully, use a questioning approach with the family to ask them to think about what might need to be added. Questions I usually use include:

*“So instead of fighting and screaming at each other and having the children frightened by that, what would be happening instead in your family when things were at their best? Everyone in relationships get angry with each other or have times of conflict, so when life was at its best, what would be happening in your family when you get angry with each other? How would you be handling those times?”*

Use the same process to make sure that all of the issues that the family identified in what CPS might be worried about have been covered in their description of what they think CPS would want to see happening in their family.

## Step 4: Scaling Question

The fourth step involves asking the family to say where they think things are right now in their family, on a scale from life at its worst to life at its best. This question is asking the family to articulate their assessment of where things are in the family and for their children right now, although we are not using formal assessment language with the family.



The scaling question I usually ask is:

*“Okay, we’ve talked about what life in your family would be look like at its best and what it would look like at its worst. Imagine there is a road between “life at its best” and “life at its worst”. If “life at its best” is your destination and “life at its worst” is what you want to leave behind you, where would you say things are right now for your family and for your children, on this road between life at its worst and life at its best? Can you take a piece of paper and put yourself at that place on your roadmap?”*

Parents or family members may have similar or very different views about where things are right now and different people’s scaling positions are recorded separately. I usually reassure people that it is absolutely okay for them to have different views about where things are right now, by saying something like: *“People will often have very different views about where things are in the family. Sometimes one person might be at a 3 and the other person is at an 8, and that is totally okay. There is no right or wrong answer, but hearing from everyone about where you are on the scale right now will help us talk and plan together about how to move forward”.*

Sometimes, parents, children and family members will put scale themselves at a 10 (‘life at its best’). In my experience, this usually happens if people do not trust that they can be honest with us or are anxious about the consequences of scaling lower. Rather than trying to argue or dispute someone’s stated view, you can still use their scaling position to explore the next stages of the roadmap (which explores what they are doing that has them this far along the road, what has helped them to achieve this, and what they need to keep doing for things in their family to continue going well). You can also ask the parents to assess where things were at their lowest point (for example, during the last year) and then ask them what they are doing now that has them higher and what helped them to make these changes.


You can also use the scaling questions to help parents/family members reflect on other people’s views about what is happening in the family, including the views of the children, other significant family members and the child protection agency, by asking a question such as:

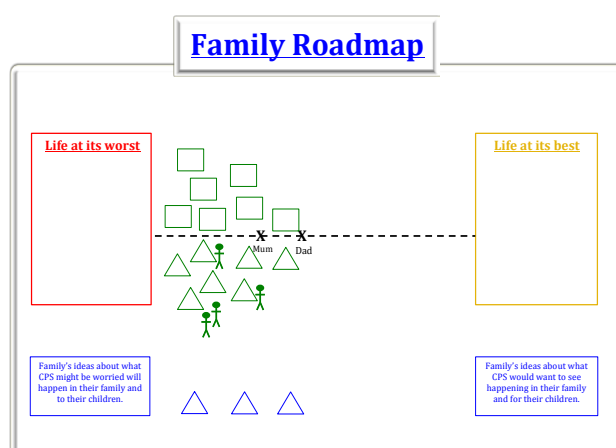
*“Okay, we’ve talked about where you are on that road. If the children were here (or were old enough to talk), where do you think they would say things are right now? What about \_\_\_\_ (a significant person)? Where would they say things are? And just based on what CPS know about your family at the moment, where do you think CPS would scale things?”*

## Step 5: The journey so far

### What's already going well?

The fifth step involves asking the family to identify what they are already doing and what is already happening in their family that has brought them this far along the road toward “life at its best”.


This part of the process invites the parents/family members to write down what is already happening or what part of “life at its best” they have already achieved on small pieces of paper, which they then stick on the wall (or on the large piece of paper). These pieces of paper (represented by the green boxes  above) are placed above the scaling line, in between “life at its worst” and their scaling position.



The questions I usually ask are:

- “When you think about where you have scaled yourself, what’s already going well in your family or for your children that has you this far along the path? What part of your “life at its best” is already happening in your family? Can you write that down and put it on the roadmap?”
- “What else are you already doing? What else? Can you write down all the things that are already happening and put them on the roadmap to show your journey so far?”
- “What would the children/other significant people say you are already doing that has you this far along the road?”

### What's helped them to achieve this?


Once all of the things that are already going well have been identified and put on the roadmap, the process then focuses on identifying what or who has helped the family to achieve these things and what or who will help them to keep doing these things. These supports or resources are also recorded on bits of paper and these are put up on the wall underneath the scaling line (represented by the green triangles  or green people above).

The questions I usually ask are:

- “What has helped you and your family to achieve these things and what will help you keep doing these things?”
- “Who are the people who have helped you to achieve these things?”
- “Who could support you or help you to keep doing these things? What can they do to support you?”

To help connect the identified resources/supports with the relevant ‘what is going well’, you can either put the paper directly underneath the relevant achievement, or if there are lots of bits of paper, you can use a numbering system or even pieces of wool or string to connect them.

### Support from the agency and CPS?


The final stage in this part of the process involves asking the family to think about what relevant professionals have done to help them achieve what they have already achieved and or could do to help them keep doing it. These ideas are recorded in the colour used to represent CPS (and other professionals) and placed on the bottom line (represented by the blue triangles  above).

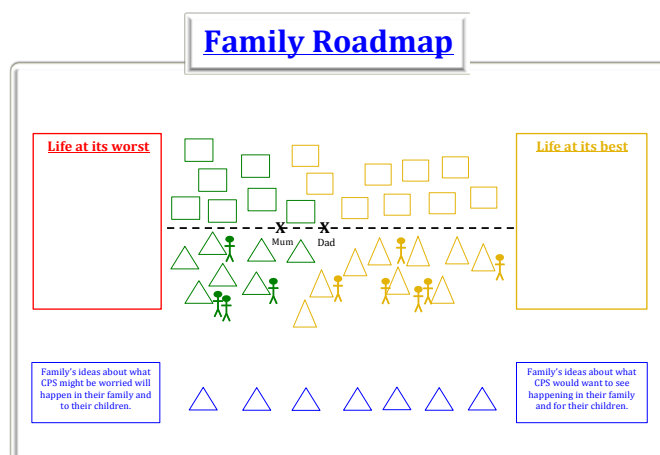
I usually introduce this idea by saying something like:

- *"I know it might sound like a crazy idea, but is there anything that CPS have done that has helped you to achieve these positive thing, even if it's just been helpful in small ways?"*
- *"Is there anything that CPS could do in the future that might help you to keep these positive things happening?"*

## **Step 6: The journey ahead**

### Thinking about the future

The sixth step invites the parents/family members to think through the steps on the journey ahead toward creating the future they want for their family and their kids. This part of the process involves the family identifying what would be happening in their family and for their children, and what else they would be doing as parents, as they journey further along the road toward their "Life at its best" destination. As for the previous step, the parents/family members write their ideas down on pieces of paper and they then stick these on the roadmap. These pieces of paper (represented by the yellow boxes  above) are placed above the scaling line, in between their scaling position and "life at its best".




The questions I usually ask for this part of the process are:

- *"So let's now focus on you moving further along the road toward "life at its best" for your family. Imagine if I came back next week to talk with you and you told me that you were a little further along the road, say one step further along (point to where this would be on the roadmap). What would be happening in your family and for your children and what would you be doing, if your family were one step further along on the road to your destination? Can you write that down and put it on the roadmap?"*
- *"What else would be happening in your family and what else would you be doing if you were one step further along?"*
- *"What if you were a second step further along? What would be happening if you were two steps further along from where you are now?"*



- “As you keep looking forward, let’s identify what would be happening in your family and what you would be doing as parents as you move further along the road and then all the way toward “life at its best” for your family. Put each of those things up on the roadmap”.
- “As you look at all of those things you have now put on your roadmap, is there anything else you want to add? Is there anything you think other people would want to add – the children? Other significant people (name them)? Our agency? CPS?”


#### What will help them to achieve this?

Once the family have identified what life in their family would look like as they journey along the road, the process then focuses on identifying what or who will help the family to achieve these things. For each of the identified steps along the road, ask the family to think about what or who will help them to achieve this. These supports or resources are recorded on bits of paper and put up on the roadmap underneath the scaling line (represented by the yellow triangles  or people).


The questions I usually ask are:

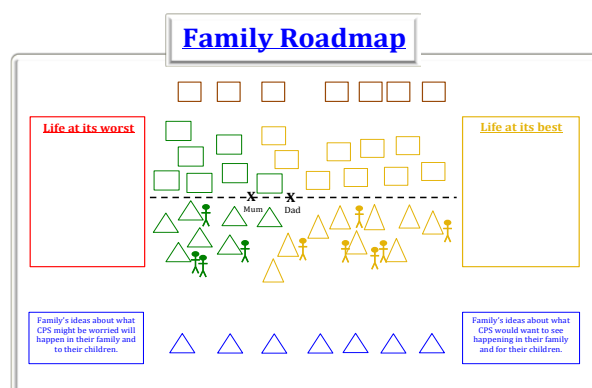
- “What will help you to achieve each of these steps and to keep these things happening?”
- “Who could help you to achieve these things?”
- “Who could support you or help you to keep doing these things? What can they do to support you?”

#### Support from your agency and/or CPS?

The final stage in this part of the process involves asking the family to think about what your agency and/or child protection services could do to support them in achieving and continuing to do these things. These ideas are recorded in the colour used to represent CPS and placed on the bottom line (represented by the blue triangles  above).

### **Step 7: Showing everyone that these good things are happening**

The seventh step in the roadmap process invites the parents/family members to think about how others (and particularly CPS and other professionals) will know that these positive things are happening and that the parents and family are putting these positive steps into action. This step introduces the importance of future safety being monitored, so that CPS and others can be confident that these positive changes are happening and continuing to happen and that as a result, the children are being cared for well and safely. As for the previous steps in the process, the parents/family members write their ideas down on pieces of paper and they then stick these on the roadmap. These pieces of paper (represented by the brown boxes  above) are placed at the top of the roadmap on the “showing everyone that it’s happening” line.



I usually introduce the idea of monitoring by saying something like:

*"You've identified a lot of things that you are already doing and that you want to be doing in the future to create the kind of family life you want, where your children are safe and you are being the parents you want to be. While you doing these things is the most important outcome, it's also important that our agency and/or CPS know that you are doing these things so that we can be confident that your children are safe and being cared for well, so that we can close your case and let you get on with being a family. So can we talk now about how our agency and/or CPS can know these important things are happening?"*

#### Things that are already going well

- *"Let's start with the good things that you are already doing (Go to that part of the roadmap and work through the identified good things that are already happening one by one). Who has noticed that this is happening in your family? How do they know that you are doing this? Let's write that down and put it up the top of the roadmap."*
- *"Who else has noticed? How do they know?"*
- *"Who else would you like to know that this is happening? How could you show them? How could they know in the future that this is still happening and still going well?"*
- *"How could you show our agency and/or CPS that these things are happening?"*

Continue until you have worked through all of the identified things that are already going well and these ideas have been added to the roadmap.

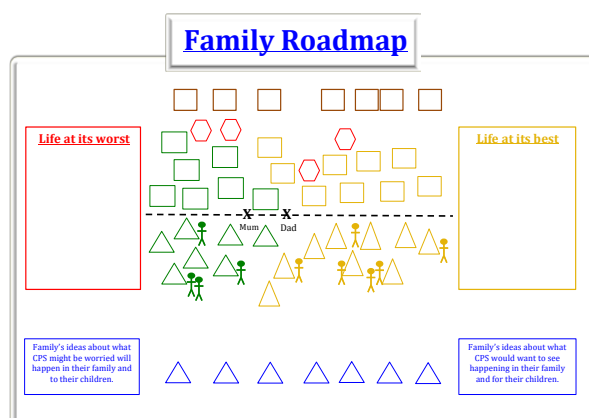
#### Future actions

- *"Now let's look at the plans you have for the future. If you were doing these things, who would notice and how would they notice? Let's write that down and put it up the top of the roadmap."*
- *"How could you show our agency and/or CPS that these things are happening?"*

Continue until you have worked through all of the identified things that are already going well and these ideas have been added to the roadmap.

### **Step 8: Watching out for roadblocks**

The eighth step in the roadmap process invites the parents/family members to think about what possible roadblocks or obstacles they might encounter in the future, that might get in the way of them creating the future they want for their family and their children. We then explore what they could do to avoid or deal with these roadblocks and who might be helpful to them in the future in helping them to deal with these roadblocks.



I usually introduce the idea of roadblocks by saying something like:

*"I think you've done a fantastic job of creating a roadmap to help you journey toward the future you want for your family and your children. Before we finish, let's just do a bit of trouble-shooting and think about any roadblocks or obstacles that might get in your way and stop you going forward."*

#### Roadblocks they have already dealt with

- *"Let's start off by looking at roadblocks or obstacles that you have already dealt with or are dealing with now. When you look at your roadmap and think about how far you have already come, what roadblocks or obstacles have you already had to deal with?"*
- *"Let's write those roadblocks down (I usually have red 'stop sign' shaped pieces of paper available) and add them to the roadmap in the place they best fit into your journey so far" (The roadblocks are added above the scaling line, in the area between "life at its worst" and their scaling position, alongside the particular step that the roadblock relates to).*
- *"What other roadblocks or obstacles have you already dealt with?"*

#### Roadblocks they might face in the future

- *"So now as you think about moving forward and achieving all of these things that you have identified, what roadblocks or obstacles might get in your way and make it difficult for you to move forward? Could you add that to the roadmap?"*
- *"What other roadblocks or obstacles might you run into?"*
- *"What roadblocks do you think your children (and other people) might suggest could get in the way?"*
- *"What roadblocks do you think our agency and/or CPS might suggest or be worried about?"*
- *"Can you think of any other roadblocks that might get in your way in the future?"*

#### Dealing with the roadblocks

- *"With the roadblocks that you have dealt with in the past, what or who helped you to deal with those or navigate around those? Can you write that down and add it to the roadmap (under the scaling line as one of the strengths/resources)?"*
- *"What could you do to deal with or avoid each of the possible future roadblocks?"*
- *"Who could help you to deal with or avoid that roadblock? What could they do that would be helpful?"*

#### Support from CPS?

- *"What could our agency and/or CPS do to help you to deal with or avoid the possible future roadblocks?" (Record these ideas in the colour used to represent your agency and/or CPS and place them on the bottom line).*

### **Step 9: Final overview of the entire roadmap**

Whether the family roadmap has been completed over one session or a number of sessions, take time at the end of the process to invite everyone to look over their roadmap and to check whether there is anything else that they want to add to the family roadmap. The completion of the process is also a useful time to remind everyone of the purpose of the family roadmap process and the importance of the views of the family/safety network members being central to the assessment process and then to the safety planning process.

The next step is to then explore with the family/safety network members the question of who needs to see the important information contained within the roadmap and then to consider how they would like to proceed with a sharing of views: sharing their views with other relevant professionals or safety network members and having the views of the child protection agency shared with them in more detail.

## Process Considerations ...

1. The amount of time it takes to create a “Family Roadmap” will depend on the family, but it can take as long as 2 – 3 hours, so you may need to do it over a number of sessions. Some families will want to complete it in one session and if this is the case, make sure that you have a break or a number of breaks, and that there are things in place to help everyone relax and stay focused, like water, tea, coffee, snacks, etc.
2. If you are creating the “Family Roadmap” over a number of sessions, try to finish each session at the end of a step, rather than finishing in the middle of a step.
3. When the roadmap has been completed or if you are doing it over a number of sessions, make sure that everyone has an immediate record of what has been created. I usually take photographs of the roadmap and make sure that everyone gets a copy of the photo (via email) or suggest that the family members also take a photograph.
4. If you are working in the family’s home, explore whether the roadmap can stay up on the wall between sessions as this will enable the family to continue adding ideas between sessions.
5. If the roadmap needs to be taken down between sessions, choose someone to be responsible for the roadmap components and then leave time at the beginning of the next session to put it all back up on the wall (the photos can help with this).
6. It is also useful to have a typed copy of the content contained within the family roadmap. If you are lucky, you might have an admin person who can help with this (and who is good at laying out documents in word or a desktop publishing programme) or you might just need to record each of the elements in a list form. Again, make sure everyone gets a copy of the typed version.
7. As discussed earlier in the document, it is important for the views of all the significant people in the child’s life to be included in the family roadmap. Whether you do this just with the parents first and then involve other people over time, or whether the family roadmap can be created with all the significant people at one time, will depend on the family and the extent to which other family members/safety network people are already involved with the assessment process. Sometimes it will be necessary to initially create the roadmap just with the parents so that they are able to express their views without the pressure of having other people involved in the process. For some families however, the family roadmap may be able to be created by the whole group, with the parents, children, extended family, safety network and professionals present.
8. After you have created the “family roadmap” with the parents to elicit and record the family’s views, the next step is to share the views of the child protection agency. One way you can do this is by showing CPS’s views that have been recorded within the FSCP framework and working through how the family views within the “family roadmap” can be added to the FSCP framework. Alternatively, you can work through how CPS’s views that have been expressed in the FSCP framework can be added to the roadmap to create a “combined roadmap”. This “combined roadmap” or combined FSCP framework then provides you and the family with the foundation for developing a detailed and collaborative safety plan.

## From the “Family Roadmap” to the safety plan

### Providing direction for the safety plan

An essential first step in the creation of a comprehensive safety plan is the identification of the future dangers to the children (danger statements) and the safety goals (what everyone would need to see happening within the family to be confident that the children will be safe in the future). It is these danger statements and safety goals that provide direction for the safety plan. Families need to have participated in the development of the danger statements and safety goals if they are to meaningfully participate in creating a safety plan that addresses these dangers and meet these safety goals.

The family’s ideas about ‘life at its worst’ and ‘life at its best’ are the family’s views on the danger statements and safety goals. Once the family’s views have been identified, the family’s views and the views of the child protection agency can then be shared and discussed to develop one set of mutually-developed danger statements and safety goals. For a more detailed discussion of a suggested process for working with families to create mutually-developed danger statements and safety goals, please see relevant blogs on my website at <http://www.spconsultancy.com.au/blog.html> and on the right column under categories, choose danger statements and then safety goals.

If anything has been added to the safety goals in the process of creating mutually-developed danger statements and safety goals (ie. the child protection agency has worries that were not addressed by the parents’ ‘life at its best’ or safety goals, and so additional safety goals have been identified), then the family roadmap process can be revisited to explore the family’s ideas of:

- *What they are already doing that might help to achieve this additional safety goal/s?*
- *What they need to be doing in the future to achieve this safety goal/s?*
- *Who/what has or could help them to achieve this?*

### Details for the safety plan

The ideas that the family (and safety network) has expressed within the “Family Roadmap” provide the skeleton for the safety plan:

- The things that the family have identified they are already doing that is helping to achieve safety for the children (to the left of their scaling position) are included in the safety plan as safety rules that are already working and that everyone wants the family to continue doing in the future.
- The things that the family have identified that they want to be doing in the future are included in the safety plan as safety rules that everyone wants the family to be following in the future.
- The details from the roadmap about who will be involved to help the family achieve these things (safety network people), and what they will do to help, are also included in the safety plan.
- The details from step 7 of how CPS (and others) will know these things are happening (how the safety plan will be monitored) are included in the safety plan.
- The ideas the family has about how they have dealt with any past roadblocks and how they will deal with any future roadblocks are also included in the safety plan.

Depending on how much detail is contained in the family roadmap, the details for each of the safety rules/guidelines will need to be worked out during the safety planning meetings. These detailed safety rules/guidelines are then written as clear statements in language that the children can understand.

As the family, safety network and professionals work together over time to put the safety plan into action and to monitor and review the safety plan, the “family roadmap” can be used as a working document to continue to scale everyone’s views on progress toward the safety goals (life at its best), to reflect on what is happening that has people this far along the road and to identify what needs to happen next for the family to move closer to the destination of enough safety for the children.

## **NVR principles applied to Family Safety Conferences, to develop a support that is emotionally safe for parents.**

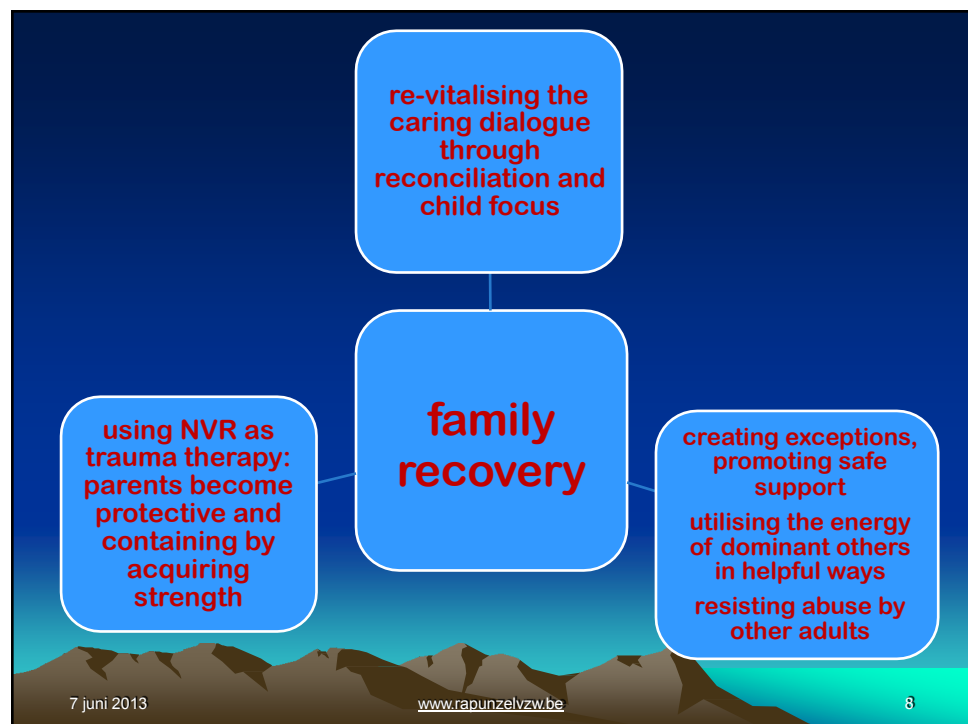
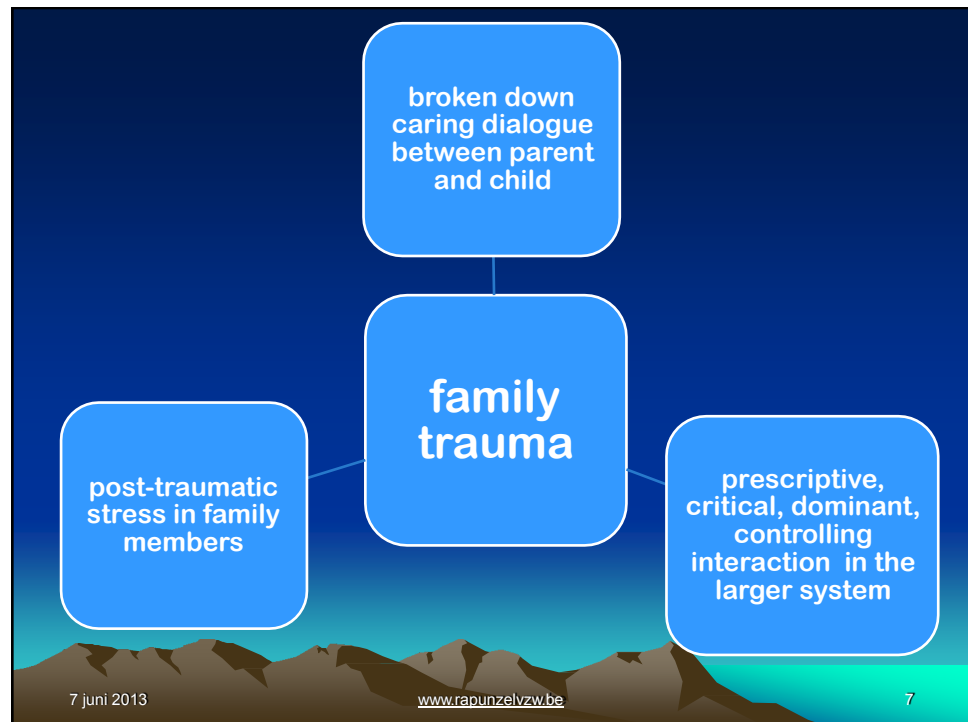
Eric Sulkers

NVR principles are generally well-known in Flanders, and many organizations and workers are using these principles (for instance: Frank van Holen, <http://www.pleegzorgonderzoekvlaanderen.be/pvo/NVR.htm> ).

Peter Jacob, a systemic therapist from the UK is well known for applying NVR principles to new fields, like multi-stressed families, to children with autism, and for integrating NVR in his therapeutic approach, combining it with general systemic and solution-focused ideas, especially focusing on mind-body connectedness.

The approach Peter Jacob takes, turns out to be very useful when working with traumatized parents (as we often do), that need to regain a position of strength, not only towards their children, but also towards their network and even some of the professionals. Parents need to be protected by the NVR therapist from the constant stream of retraumatizing interactions with network and professionals, and this can be a daunting task.

On the following pages, an excerpt of slides of a lecture by Peter Jacob is presented, pertaining to the subject of applying NVR principles to our work with families where there are childprotection concerns, and where we want to build a network, but want to make sure it is really emotionally safe. The full lecture can be downloaded as powerpoint or pdf on the website of Rapunzel.  
(<http://rapunzelvzw.be/vormingsaanbod/studiedag.php>)





## Acquiring a position of strength

- Parents or carers need to have agency in the kind of support they obtain. Intervention by others is only supportive, when the parent's psychological needs are met in the interaction. Alliances require the offer of support is open to the parental needs (Grabbe, 2007). There are often high levels of critical, prescriptive, dominant and coercive interaction in the larger systems around parents in multi-stressed families. These parents require a transformation of the larger system, in order to access genuine support, which will enable their strength to emerge (Jakob, 2013b).

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16

## Three principles of developing safe support

- **Utilization:** Well-meaning but dominant interaction can be channelled into productive support. Plan action together with parent and dominant other adult. Support parent in voicing their needs and expectations from the other adult, e.g. how they need the other adult to behave in the planned sit-in.
- **Exception:** Identify safe relationships in the parent's life; reframe safe interaction as potentially strong and powerful; engage safe other adults in direct action.
- **Resistance:** Support parent in using nonviolent methods to resist the intrusion of coercive, abusive and dangerous others. This ranges from identifying the parent's pathway into requesting intervention from the dangerous other adult, and what escape routes they can use, to getting support from safe others in resisting unrequested intrusion.

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17



## Exception

- There are almost always other adults, in whose company parents feel safe and comfortable. If you ask parents to scan their body when they imagine being in the presence of this other adult, they will generally have a more comfortable body experience. Often, traumatised parents have not considered asking such safe others for support in responding to their child's aggression – believing the other, non-dominant adult cannot be powerful.
- Invite safe others into therapy and enable a sense of mutual support to develop, by planning joint NVR action, such as a sit-in.

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18

## The exception principle: promoting safe support

- Support focused questions:
  - How close would you like your friend (helper) to sit? Do you want her to touch you when you are beginning to feel overwhelmed, anxious, angry, when you begin to give up? How do you want her to touch you? What effect will that have on you?
  - How will you (supporter) recognise she (mother) is beginning to feel (upset, anxious, angry) and will need to feel your supportive presence?

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19

## Utilization

- When other adults act in critical, blaming, dominant, or prescriptive ways, parents experience discomfort, confusion, uncertainty, guilt, shame, a reduced sense of efficacy and negative beliefs about themselves. They delegate their authority to the other person, whom they perceive as powerful due to their dominance, and act submissively.
- Invite critical others into therapy and create a positive connotation of their well-intentioned communication. By opening conversational space for the needs of the parent, you help the parent acquire a sense of self-efficacy: they become agents in requiring the kind of support that meets their needs, in order to exert authority.

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20

## The utilization principle: promoting parental agency

- Support focused questions:
  - During the sit-in, what will you need (e.g. grandfather) to do/say, if Jack provokes you by swearing at you? How is that different from the way your father has attempted to help you in the past? How will it effect the way you feel about yourself, when your father responds in that different way?
  - Do you (grandfather) believe you will be able to remain quiet in the way that Jack's mother has requested, instead of trying to help her by taking over? What will help you remain quiet?
  - How will that mark a change in the relationship between the two of you (between mother and grandfather), when you do it in that way? What will that different way of interacting between the two of you mean for the future?

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21

## Resistance

- Traumatized parents often call on other adults who have abused them in the past to support them, e.g. by perpetrating domestic violence, when they feel especially helpless due to their child's aggression. As with critical other adults, they mistake the abusive coerciveness for power, and delegate their authority to the violent person such as an ex-partner.
- It is necessary to help the parent overcome their propensity to engage the abusive other, and support them in using methods of nonviolent resistance to successfully fight any intrusion.

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22

## The resistance principle: overcoming parental victimisation

- Resistance focused questions:
  - I'm sure that in some way I don't yet understand, it makes sense that you have been asking (the violent ex-partner) to step in when Jack is especially difficult. Can you help me understand your thoughts and feelings, when you call him?
  - Next time you're desperate, who could you call instead, who could help you overcome that knee-jerk response to involve (the violent ex)?
  - Can we think together about how you might involve Jennifer, when (the violent ex) becomes threatening and tries to push his way in again? In addition to Jennifer, who else could you ask to witness his behaviour?

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23

## Adding strength: NVR as trauma therapy

- Traumatized parents become re-traumatized, when their children are aggressive. When the parent escalates, she stimulates too many aggressive post-traumatic triggers in her child's behaviour to cope with. Instead of "walking into hellfire", a parent can reduce the number of post-traumatic triggers to a level she can cope with.
- The parent can then overcome her avoidance behaviour, by treating nonviolent action, such as the sit-in, as a desensitization scenario.
- Integrating trauma-focussed methods into the preparation of nonviolent action supports the parent to overcome her traumatic response to the child.

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24

## An example of nonviolent trauma-focused therapy: using the sit-in for desensitization with the help of the inter-personal grounding sequence

- Ask parent to determine how close the supporter needs to sit for them to start feeling calmer (physically move chairs).
- Ask the parent to look at the role player playing the child (or imagine the child sitting there in the sit-in). Body scan: what does she notice in her physiological response? What emotions does she notice? What thoughts?
- Ask the parent to look at the supporter. What does she notice in the supporter's body? What effect does this have on her own body response? Her emotions? Her thinking
- Ask the parent to look at the role player playing the child. Then, in her peripheral vision, the supporter. What does she notice in the supporter's body? What effect does this have on her own body response?
- Ask the parent and supporter to develop a cue for the parent's awareness of her supporter's physical presence.

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25

# Principles of Safety Planning

## 1. “Nothing about us, without us”

Child protection agencies have enormous power to intervene in the lives of families and in the parent-child relationship. While this statutory power needs to be exercised if a parent is unable or fails to protect their child from preventable and significant harm, I believe that child protection agencies have a responsibility to ensure that this power is exercised in ways that are respectful and preserve the dignity and wellbeing of family members. Safety planning processes are designed to foster inclusiveness and collaborative decision-making, so that the strength, capacity and wellbeing of parents and families is enhanced rather than undermined by the involvement of child protection agencies. The expression “Nothing about us, without us” captures this commitment to ensuring that any planning about the family is done with the family.

## 2. It takes a village to raise a child

An essential principle in safety planning is the inclusion and strengthening of the family’s safety and support network. The role of the safety and support network (made up of family members, friends, other professionals or people who regularly see the child) is to uphold the safety of the child and to support the parents in making the necessary changes to build and maintain future safety for the child. The safety and support network need to be fully aware of the concerns, be willing to participate in the development of the safety plan (from whatever point they join the network) and be willing to support the family in upholding the child’s on-going safety and maintaining the safety plan over the long term.

## 3. Safety planning involves facilitating a change process.

The safety planning process is a change process, which invites family members, safety and support network members and child protection professionals to meet together to identify the dangers for the children and to work out realistic and meaningful solutions to address these dangers. Safety planning is all about helping people to make the shifts that are required in a change process: understanding the need for change, visioning a different future and acknowledging that real change requires changes in their own thoughts, attitudes and behaviours.

## 4. The journey needs direction!

Effective Safety Planning is built on thorough and collaborative risk assessment. To develop a comprehensive and rigorous safety plan, the safety planning process needs to begin with everyone being clear about the dangers to the children that need to be addressed (expressed as danger or risk statements) and what the family needs to do in terms of their care of the children for everyone to be confident that the children will be safe in the future (expressed as safety goals). These danger statements and safety goals provide focus and direction for the development of the safety plan.

## Principles of Safety Planning

### 5. Agreement about future safety is a bottom line, not agreement about the past.

It is very common in child protection work for there to be disagreement between family members and professionals about whether or not the children were harmed and who was responsible for causing the harm. Trying to force agreement about what happened in the past will usually lead to a breakdown in communication and get in the way of building working relationships. Family members and professionals do not need to agree about the past to be able to work together to build future safety. What is necessary is that family members and the safety network understand the professionals' position and are prepared to work with professionals to show everyone that nothing like this will happen in the future. Focusing on future safety in this way creates the possibility of working together to build future safety, even when there is little agreement about the past.

### 6. Involve the children in every part of the safety planning process.

Children need to be offered opportunities for meaningful participation in every part of the safety planning process. While there is a growing awareness within the child protection field about the importance of listening to the voice of the child, meaningful participation for children requires more than just eliciting the child's voice about what is happening in their family and their world. The United Nations Convention on the Rights of the Child (specifically Article 12) establishes children's rights to be heard and to participate in planning and decision-making about issues that affect them.

Under the UN Convention, participation is defined as an ongoing process that requires that children (taking into account their age and maturity) be:

- Given full information about what is happening at each step of the process.
- Given full opportunity to have his or her voice heard.
- Provided with clear information about the possible consequences of speaking up.
- Empowered to share decision-making with adults.

Involving children in the safety planning process therefore focuses on working with the child, their family and their network in ways that enable the child to:

- Understand why child protection services are involved with their family.
- Understand the child protection processes that their family will be involved with.
- Be given the opportunity for their voice to be heard.
- Be provided with clear and developmentally appropriate information about the possible consequences of them speaking up.
- Be given the opportunity to participate in planning and decision-making in safe and developmentally appropriate ways.
- Be supported and helped to understand what is happening at each stage of the safety planning process.

## Principles of Safety Planning

### 7. **Safety Planning is a journey not a product.**

The long term safety plan may require the family to arrange their daily lives in ways that are very different to their previous living arrangements. These changes cannot be put in place all at once. An effective safety plan requires time to be developed, refined and demonstrated. At a minimum, it usually takes two – three months to develop and refine a collaborative and effective safety plan. The safety plan is developed over time as the family work with the professionals and the safety and support network to work out the safety rules or guidelines that the family will put into place to show everyone that the children are safe and the alleged perpetrator is protected from any further allegations. The child protection worker must be involved in regular monitoring and follow-up with the children and all the adults involved in developing and implementing the safety plan, and everyone needs to be involved in the process of reviewing and refining the safety plan. In this way the family and professionals are implementing the definition of safety as strengths demonstrated as protection over time.

### 8. **Ensure immediate safety for the children at each stage of the process.**

At each stage of the safety planning process, you need to make sure there is immediate safety for the children. Arrangements need to be put into place to make sure that the children are safe in the short and medium term (for example: tonight, this weekend, for the next few weeks, for the next few months) while everyone is working together to develop a safety plan that will ensure the long-term safety of the children. Depending on the concerns, these immediate or short term safety plans might involve things such as: A safe adult moving into the family home and taking responsibility for the care of the children; the adult we are worried about moving out of the house and not having unsupervised contact with the children; the children being placed in day care and/or or being monitored each day by professionals/safe adults (for example, in neglect cases). In some instances, the only way of ensuring immediate safety may be to place the children in the care of other safe adults (foster carers or relatives).

### 9. **Long-term safety and wellbeing may require trauma healing**

For children who have experienced past trauma, long-term safety and wellbeing may only be possible once they have had the opportunity to heal from the impacts of the trauma. A child or young person may have participated in the safety planning process, but if they continue to be traumatised (even if they appear to have no memory of the trauma), they may not be able to distinguish between what is safe and what is not safe, and may experience future situations as dangerous and threatening long after the actual danger has been addressed .

## Principles of Safety Planning

Without trauma treatment, such a person can be triggered into a state of hyper-arousal (or even hypo-arousal) by situations that may remind them of the traumatic experience. For example, a child with untreated traumatic memories of domestic violence may panic in the future whenever their mother and father raise their voices, when he or she hears loud noises during the night or when they witness an argument or fight at school. This triggering of traumatic memories can leave people in a state where they are chronically stressed and alert to danger. So while the actual physical or emotional danger may have been alleviated by the safety planning process, if the child (or parent) continues to be traumatised, they may not experience themselves as safe and may therefore still be experiencing the same level of fear, defensiveness and confusion they would feel if the danger was still present.

So once the safety planning process has successfully addressed the dangers, trauma treatment and healing will frequently be necessary for the children – and at times for the parents. Talking about the importance of trauma treatment as part of the safety planning process will help everyone to recognise and plan for healing and recovery.

### 10. Distinguishing between hope and trust.

The safety planning process is designed to provide parents and families with the best possible opportunity to demonstrate that they are able to make and sustain the necessary changes (to keep their children safe). This opportunity is provided within a context of respectful and hopeful practice, but bringing a sense of hope to a situation is very different from working from a place of naïve trust. Safety planning is not about trusting that parents, family members and safety network members will do what they say they will do. Trust can lead to naïve practice and to the children being left in dangerous situations. At all stages of the safety planning process, safety needs to be demonstrated. This means that while you can acknowledge and honour the statements that people make about what they will do in the future, these statements only translate into safety once actions or behaviours have been demonstrated over sufficient time to enable everyone to be confident that these actions will be continued. The monitoring process (regularly visiting and checking that people are doing what they say they will do) is critical as this clearly communicates to the family and the safety network that the changes in behaviour have to be demonstrated, as well as providing a mechanism to build confidence that the safety plan is actually working.



## ***Safety Planning for long-term safety and wellbeing***

### ***A step-by-step guide***

Safety planning is a complex, dynamic and collaborative child protection process that focuses on building enough safety for children to remain within the care of their families. The safety planning process involves professionals working collaboratively with parents, children and an informed family network to develop and implement a detailed safety plan that leaves everyone confident that the children will be safe in the parents' care in the future. The safety planning process also involves monitoring and reviewing the safety plan over time so that everyone is satisfied that the safety plan is working and will continue to work to provide ongoing safety for the children.

Because of the complexity and dynamic nature of the safety planning process, there is no specific formula or model that you can follow. Just as every family has their own unique qualities, strengths and challenges, so every safety planning journey may be a little (or a lot) different. There are however, key steps that need to be included in the safety planning process and a number of tools and processes that are helpful. This document explores those key steps and attempts to provide a rough guide as to how these steps fit together. The steps have been written in a linear fashion but they are usually not linear in action and you may find that you are working on a number of steps at the same time and moving back and forth between different steps. There are also a number of key principles that underlie the safety planning process and if those principles are not attached to this document, you can access those principles via my website<sup>1</sup>.

### **1. Undertake a collaborative assessment that will assist everyone to identify and understand what the safety plan needs to focus on**

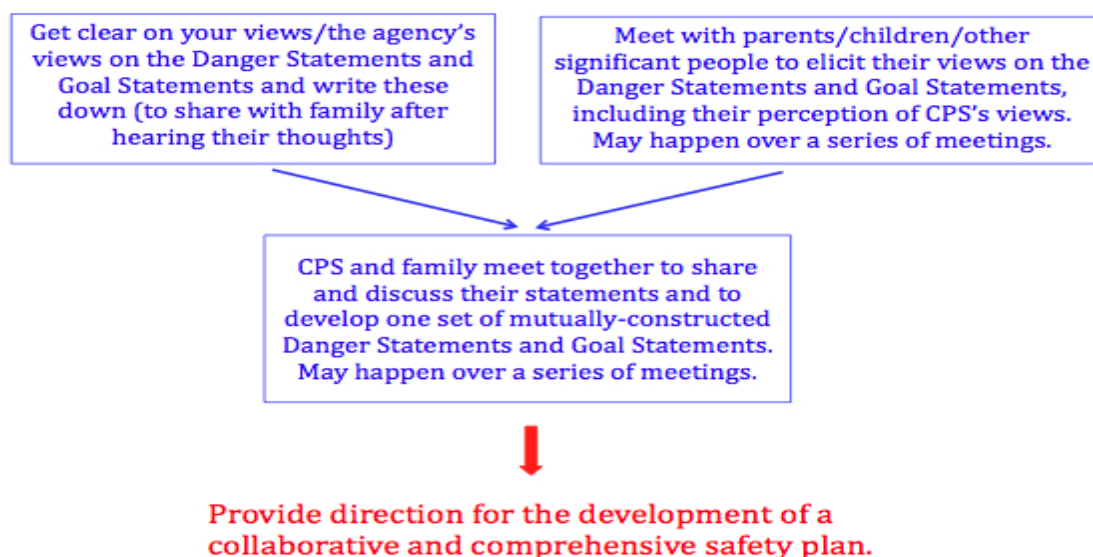
For the family and their safety and support network to be meaningfully involved in the safety planning process, they must first be involved in a comprehensive and balanced assessment that focuses on what is happening in the family and what needs to happen in the future to ensure the safety and wellbeing of the children<sup>2</sup>. The more that the family and their safety and support network are involved in the assessment process, the more likely it is that the family will be able to participate in safety planning and that the detailed safety plan will be achievable and relevant to the family.

An essential first step in the safety planning process is the development of mutually-constructed danger statements (that describe the dangers or worries for the children that need to be addressed by the safety plan) and mutually-constructed goal statements (that describe what needs to be in place for everyone to be confident that the children will be safe in the future). These danger statements and goal statements provide focus and direction for the safety planning process. For families to meaningfully participate in the creation of a detailed safety plan, they need to have participated in the development of the danger statements and goal statements that provide this direction to the safety planning process.

<sup>1</sup> See <http://www.spconsultancy.com.au/safety-planning.html>

<sup>2</sup> A detailed exploration of a collaborative assessment process is available in the following resource booklet: Parker, S. (2012). Partnering for Safety Assessment and Planning Framework: A detailed exploration of how to use the PFS framework to undertake comprehensive risk assessment and planning in collaboration with families. SP Consultancy ([www.spconsultancy.com.au](http://www.spconsultancy.com.au)).

## Process to Develop Mutually-Constructed Danger Statements and Goal Statements



In written form, this diagram can be broken down into a number of steps:

1. Clarify and record your views/the agency's views on the danger statements and goal statements, based on what you know at this point.
2. Use a questioning approach<sup>3</sup> with the parents/children/family to elicit and record their views on the danger statements and goal statements, and to then ask them to reflect on the views of the agency (this creates a foundation that makes it easier for people to then hear the views of the agency). You can use a number of tools to assist you in this questioning approach: The Family Roadmap, the PFS framework, the Future House, the Safety House<sup>4</sup>, or the Three Houses tool<sup>5</sup>.
3. Use a questioning approach with the parents/children/family (and one or more of the above tools if that is appropriate) to share the danger statements and goal statements that you wrote earlier.
4. Use a questioning approach with the parents/children/family to reflect on everyone's views and to develop one set of mutually-constructed danger statements and goal statements that can be used in working together to build future safety for the children.

While the danger statements and goal statements are developed collaboratively with the family, this doesn't mean that everyone has to agree on all of the danger statements or goal statements. What is important is that everyone can understand each other's views and can recognise that addressing the danger statements and achieving the goals is the purpose of the child protection intervention. Constructing mutual danger statements and goal statements may involve using the family's language or adding worries or goals that are important to the family, but does NOT involve diluting the concerns or the safety and wellbeing focus.

As described above, moving from professionally-created danger statements and goal statements to mutually-constructed statements is a process and may take some time. Subsequent steps in the safety planning process may proceed as you continue working toward mutually-constructed danger statements and goal statements.

<sup>3</sup> A detailed questioning process to share your statements, elicit the family's views and combine these is outlined within a blog on Sonja's website: <http://www.spconsultancy.com.au/blog/category/danger%20statements> and <http://www.spconsultancy.com.au/blog/category/safety%20goals>

<sup>4</sup> More information on all these tools/processes is available at <http://www.spconsultancy.com.au/bookshop.html>

<sup>5</sup> Developed by Nicki Weld and Maggie Greening. For further information on the Three Houses tool, please see: Weld, N. The Three Houses tool: building safety and positive change in Contemporary Risk assessment for children. Calder, Martin. (2008) Russell House Publishing Ltd.

## **2. Assess whether there are dangers that place the children at risk of significant harm in the short term and if so, create an immediate safety plan**

Assess whether there are dangers or worries that place the children at risk of significant harm in the immediate or short term and if so, work with the parents, children and any other extended family or safety/support network people to create an immediate safety plan to address the imminent dangers. This immediate safety plan may include arrangements such as a safe person moving in, one of the parents moving out, or the children going to stay with other family members. Include details of how long this immediate/short term safety plan will be in place for and how the immediate/short term safety plan will be monitored and reviewed. Make sure everyone has a copy of the safety plan.

If there are dangers that place the child at risk of significant harm and none of the above arrangements are available or able to provide sufficient safety, then it may be necessary for the child to be removed from the family's care and placed in out-of-home care (and then hopefully returned to the parents' care as quickly as possible as a result of the safety planning process).

## **3. Ensure the child and parents/caretakers understand the reason for CPS intervention, what is happening now and what the safety planning process will involve.**

An essential next step in the safety planning process is ensuring that the child and parents/caretakers understand the reason for the child protection services' intervention, what is happening now (for example, the child being removed from their parents' care or the development of an immediate safety plan), and what is going to happen next in the safety planning process. Even with the best of intentions, our child protection processes (particularly when they involve the removal of a child or the threat of removal of a child) can be shocking and potentially traumatising for children and parents, so a clear and simple explanation is essential to help mitigate any unintended harm or trauma from our interventions. Research<sup>6</sup> shows that a shocking event doesn't have to be traumatising if you are able to understand what is going on and you are able to receive comfort from someone who understands. The 'Immediate Story'<sup>7</sup> provides a clear and immediate explanation to children (and parents/caretakers) that helps to minimise the traumatic impact of CPS intervention. The story also provides an immediate explanation to parents, foster carers and family members so that they are able to reinforce this explanation and provide informed comfort and support to the child.

The 'Immediate Story' also provides parents, children, safety and support network members and other professionals (including carers) with an overview of the safety planning process and initial information about the most important non-negotiables of the safety planning process (such as the need for a safety and support network, that safety needs to be demonstrated, and that everyone will need to work together to develop a comprehensive safety plan that leaves everyone confident that the child will be safe in the parents' care in the future). While more detailed information about the safety planning process will need to be provided over time (when people are not as distressed and are able to process more detailed information), it is important to provide at least an overview of the safety planning process at this point so that children and parents are able to hold on to some hope that it will be possible for the child to return to the parents' care or for the family to live together again. The 'Immediate Story' connects the past, present and future in a way that helps people to retain a sense of hope about the future and not become stuck in the pain of the present or the past<sup>8</sup>.

6 [http://mentalhealth.vermont.gov/sites/dmh/files/report/cafu/DMH-CAFU\\_Psychological\\_Trauma\\_Moroz.pdf](http://mentalhealth.vermont.gov/sites/dmh/files/report/cafu/DMH-CAFU_Psychological_Trauma_Moroz.pdf)

7 <http://www.spconsultancy.com.au/blog/the-immediate-story>

8 Struik, A (2014). *Treating Chronically Traumatized Children: Don't Let Sleeping Dogs Lie!* Routledge.

#### **4. If the child is not in the parents' care, establish regular and safe visits for the child with the parents/ significant family members.**

When a child is removed from the care of their parents, establishing safe and meaningful contact between the children and their family is one of the most critical and immediate issues that the child protection agency must deal with. It is usually also one of the first issues that children and parents want to focus on. Establishing visits for the child with their parents (and other significant family members) so that the child can receive comfort, needs to happen as quickly as possible to minimise any additional trauma for the child<sup>9</sup>. Removing a child from their parents is an extremely stressful situation and can be traumatizing for a child, and the child can 'freeze' all feelings. To be able to cope with such a stressful experience, children need an attachment figure to regulate that stress for them, but in situations where children are removed, usually the parents are not there and strangers are the people who need to comfort the child. Imagine a child being very sick and hospitalized. The first thing we do is call the parents to come and comfort the child. In child protection situations, allowing the parents to provide comfort to the child may seem contradictory because we are trying to protect the child from the parents' behaviour, but in a lot of cases (not all) this parent is also the most important source of comfort and so establishing safe contact as quickly as possible can allow for this comfort to be provided to the child.

The child's primary attachment relationship with his or her parents (or significant caretakers) also need to be upheld for the child to be able to develop healthy attachments with other caretakers and in future relationships. For the child to be able to learn to trust and be comforted by the new carers, the child's attachment system needs to be activated and it is contact with the biological parents that can activate the child's attachment system and 'defrost' the child.

The 'Safe Contact' tool<sup>10</sup> has been developed to support collaborative, transparent and safety-centred decision-making about contact/visitation. The 'Safe Contact' tool can be used when children are first placed in out of home care, or as quickly as possible after placement, to engage the family in collaborative planning about safe contact. If workers are able to engage the family and their networks in meaningful and safety-focused conversations about contact/visitation and are able to demonstrate collaborative and transparent decision-making about contact/visitation, this can begin to build trust and establish a collaborative working relationship with the family that is necessary for effective safety planning.

The 'Safe Contact' tool can also be used with foster carers and kinship carers to involve them in the development of safety plans for contact/visitation. Creating opportunities for foster and kinship carers to participate in this way can assist them to have a greater understanding of the concerns, an increased commitment to the contact safety plans and more of an understanding of and willingness to participate in the development of the long term safety plan. The involvement of foster carers also helps to connect the past and present within the child's mind, which assists with the child's healing.

As collaboratively planning with the family and the safety and support network progresses toward reunification, decisions need to be made about when and how contact visits can be increased (for example, to unsupervised visits, overnight stays, etc). The 'Safe Contact' tool can be used to ensure that these decisions involve all the significant people, including the children where possible, and that everyone is able to understand how these decisions are made. Contact visits are also an opportunity for the parents to demonstrate the actions of protection and behavioural change that is required as part of the safety planning process, and the 'Safe Contact' tool can also assist in making this process explicit with the family and the network.

9 Struik, A (2014). Treating Chronically Traumatized Children: Don't Let Sleeping Dogs Lie! Routledge.

10 For more information on the Safe Contact tool, see <http://www.spconsultancy.com.au/blog/category/contactvisitation8c69a04ff5>

## 5. **Build/strengthen the safety and support network**

Working with the parents and children (and other family members) to identify and involve people in a safety and support network for the family is an essential step in the safety planning process<sup>11</sup>. The safety and support network is made up of people who will support the parents to develop and maintain a safety plan for the children and who will hopefully continue to provide this support long after professionals have stopped working with the family. A strong and active safety and support network provides professionals with confidence that the parents have the support they need to follow the safety plan and to continue using the safety plan for as long as the children are vulnerable to the identified concerns or dangers within the family. The safety and support network provides support to the parents and safety for the children (and in some situations, safety from future allegations for the adult whose behaviour we are worried about).

The “Circles of Safety and Support” tool<sup>12</sup> is a visual tool that can help identify people for the family’s safety and support network and help professionals and family members have conversations about the role of the safety and support network and how to assess who can be part of the network. The safety and support network need to be fully aware of the concerns, be willing to participate in the development of the safety plan (from whatever point they join the network) and be willing to support the family in upholding the child’s on-going safety and maintaining the safety plan over the long term.

There need to be enough people in the safety and support network to support the parents in upholding the safety plan and to carry out the different arrangements listed in the safety plan. In general, the more serious the concerns and the more vulnerable the child, the more people you will need in the safety and support network. The availability of each of the people in the safety and support network is also a factor in determining how many people need to be in the network.

## 6. **Work with the parents to create a detailed explanation for the child**

For children to be able to understand and meaningfully participate in the safety planning process and to begin the process of healing from the abuse or neglect that they have experienced, children need to be provided with a clear explanation about what happened in the past and what is happening now. This detailed explanation also helps to minimise any additional unintended trauma from our child protection interventions.

Developed in the UK by Susie Essex, John Gumbleton and Colin Luger (as part of the Resolutions Approach to working with ‘denied’ child abuse), the ‘Words and Pictures’ method<sup>13</sup> provides a developmentally appropriate process and explanation to help children understand what has happened in their family that has led to the current situation (ie. the child being in out-of-home care or child protection professionals being involved with their family). The ‘Words and Pictures’ explanation is developed collaboratively with the parents (whenever possible), as it is an explanation from the child’s significant attachment figures that is most powerful for the child. The ‘Words and Pictures’ explanation can build on the ‘Immediate Story’, helping everyone move from a brief story that was told by the child protection agency to a more detailed story that includes the family’s voice.

While the ‘Words and Pictures’ process is explicitly focused on meeting the child’s needs for an explanation, it also engages the parents in a therapeutic process. The ‘Words and Pictures’ explanation provides parents with the opportunity to create some sense of order within their memories (which can promote healing) and to better understand their own experiences and the experiences of their child. The ‘Words and Pictures’ method also provides a foundation for the later ‘Trauma Healing Story’ (see point 10).

11 The importance of involving an informed network as part of the safety planning process draws on the Resolutions Approach.

12 For more information on the Circles of Safety and Support tool, see <http://www.spconsultancy.com.au/circles-of-safety-and-support-booklet.html>

13 Turnell A. and Essex S. (2006). Working with ‘denied’ child abuse: the resolutions approach. Buckingham: Open University Press.



## **7. Ensure the safety and support network understand the reason for CPS involvement and what the safety planning process will involve.**

A bottom line in safety planning is that people in the safety and support network need to understand the reason for child protection services' involvement with the family so that they are able to meaningfully participate in the safety planning process. This doesn't mean that the safety and support network need to agree with the views held by child protection services (and possibly others), but they do need to understand the concerns and to know that these are the concerns that the safety plan must address, over time, for child protection services to be confident that the children will be safe in the parents' care.

At a minimum, the safety and support network need to be presented with the mutually-constructed danger statements and goal statements and have the opportunity to reflect on these statements and what they mean. There are a number of ways that this information can be presented to the safety and support network:

- The parents can take responsibility for talking this information through with all the potential members of the safety and support network prior to the first network meeting. If this happens, it is important that child protection services go over this information at the meeting to make sure that everyone is clear about the danger statements and goal statements.
- A copy of the assessment framework (that includes the danger statements and goal statements) can be provided to all the potential members of the safety and support network prior to the first network meeting (with the parents' permission) and this can be discussed/explored further at the meeting.
- The 'Words and Pictures' explanation that has been prepared for the children can be presented to the safety and support network at or prior to the first network meeting. Often the safety and support network will begin to be involved in the safety planning process before the 'Words and Pictures' explanation has been completed and if this is the case, the danger statements and goal statements can be shared at the beginning of the network involvement and then the 'Words and Pictures' explanation can be shared once it has been completed.

The safety and support network also need to understand the safety planning process and their role within the process, so that they are able to make an informed decision about whether this is a commitment that they are prepared and able to make. The role of the safety and support network needs to be explained to each person as they are invited to join the network, and this can then be reinforced at the initial network meeting (or at the beginning of each meeting as new members join).

## **8. Create the long term detailed safety plan**

Elicit everyone's views on what needs to be included in the safety plan

Once all the previous steps have been worked through, the safety planning process then involves the family, their identified safety and support network and the professionals working together to come up with a detailed set of safety rules or guidelines that describe the practical, day-to-day arrangements that will be put in place to make sure the children are safe in the future in relation to the identified dangers or worries. To be able to meaningfully contribute their ideas within these large safety planning meetings, family members (and particularly parents and children) will often need to be given the opportunity to reflect beforehand on what needs to be included in the detailed safety plan. Large meetings can be very stressful and it may be difficult for parents and children/young people to think clearly and creatively within this context.

I have developed a number of tools and processes that can be used with individuals or small groups before the larger safety planning meetings to assist family members to reflect on and talk about their ideas for what needs to be included in the safety plan. The Family Roadmap process is a visual process that can help parents (and other family members) to think through what they are already doing, and what else they need to be doing, to achieve the goals. The Future House is a simpler version of the Family Roadmap and may be more appropriate for some families. The Safety House is a simple and visual tool that has been designed to help children think about and talk about what they think needs to be included in the safety plan. All these tools are available from my website.

Some of these tools and processes may have already been used with parents and children (for example, in the process of creating the mutually-constructed danger statements and goal statements) and so these ideas can be revisited as you start to move toward the creation of the detailed safety plan. It is also important to build on what is already in place to create safety (for example, an immediate safety plan or a safety plan for contact visits) so that the detailed long-term safety plan builds on what is already working.

### Bring everyone's views together to create the detailed safety plan

Bringing everyone's views together to create the detailed safety plan usually involves everyone meeting together over a number of safety planning meetings and as described above, may first need to involve one or two initial meetings just with the parents and with the children or young people. Bringing everyone together in these safety planning meetings to share their ideas and agree upon what needs to be included in the detailed safety plan is a complex process and requires someone (usually the caseworker) to step into the role of facilitator. A number of tips for facilitating safety planning meetings can be downloaded from my website .

I have also developed a Safety Planning Framework<sup>14</sup> that can assist in facilitating these complex and often contentious discussions about what needs to be included in the detailed safety plan. The Safety Planning Framework provides a structure and focus for the safety planning meetings, helping everyone to contribute their ideas and to work forward from the danger statements and goal statements toward the development of the detailed safety plan. The Safety Planning Framework contains one page per goal statement and enables everyone to think through what everyone is already doing and what else needs to be included in the safety plan to achieve this particular goal (including any bottom lines for the child protection agency). It is common to work through one goal statement per safety planning meeting.

The safety planning process also requires everyone to consider how the safety plan will be monitored and reviewed over time, who will be involved in updating the plan as the family's circumstances change, and what will happen when problems or safety concerns arise. The Safety Planning Framework includes sections for each of these issues to make sure that they are part of the discussions and to ensure that arrangements for each of these issues are included in the final safety plan.

Once the detailed safety plan has been developed and everyone is satisfied that the plan is solid enough to provide ongoing safety for the children, the safety rules or guidelines need to be written in language that the child can understand. Once this has been done, the safety plan is then presented to the children and they do pictures to the safety plan to show that they understand each of the rules. The Safety Planning Framework includes sections that involve the family and network in writing the safety rules in language that will make sense to their children, and in thinking through how the safety plan will be presented to the children.

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14 For a detailed description, see: [www.spconsultancy.com.au/resources.html](http://www.spconsultancy.com.au/resources.html)

## 9. **Ensure the child receives trauma treatment**

Once safety has been established through the safety plan and the involvement of the safety network (or if a decision has been made that reunification is not possible at this time and the child is in a stable placement), then a more explicit focus on trauma healing for the child can begin. Trauma treatment for many children involved in the child protection system is critical, to help children heal from past abuse or neglect and be able to experience themselves as safe in the future. Even with a comprehensive safety plan that mitigates any further abuse or neglect, a child who continues to suffer the effects of past trauma (even if they appear to have no memory of the trauma) may not be able to distinguish between what is safe and what is not safe, and may experience future situations as dangerous and threatening long after the actual danger has been addressed<sup>15</sup>. Re-experiencing traumatic memories in images, sounds, feelings, dreams or in play can be just as traumatizing as the event itself. Children who re-experience traumatic memories are being re-traumatized over and over again. For example, a child with untreated traumatic memories of domestic violence may panic in the future whenever their mother and father raise their voices, when he or she hears loud noises during the night or when they witness an argument or fight at school. Without trauma treatment, the fear and stress that the child will experience when they are retriggered will be the same as if the abuse was continuing.

Trauma treatment for the child will need to be undertaken by a trauma therapist, but it is important for child protection workers to understand the process and context for trauma treatment, so that they are able to do the work with the family and the network to prepare for this important trauma work. Until the safety plan is in place, it is usually not possible for the child to experience enough safety (either physically or emotionally) to process and heal from their earlier traumatic memories. Once there is a safety plan in place that stabilises the situation for the child and has engaged the parents and safety network in making the changes necessary to create future safety for the child, then it is possible to assess what needs to be done for the child to process traumatic memories and heal from this trauma. This is done by six tests, described in Arianne's trauma treatment method, "Don't Let Sleeping Dogs Lie"<sup>16</sup>. One of the elements is preparing the child for the cognitive shift (test 5) that needs to be made during trauma processing. For the child to be able to participate in trauma healing (once safety has been established), the child needs to hear that they are not responsible for the 'bad' or worrying things that have happened. The child also needs to receive permission (therapeutic safety) from their parents or significant attachment figure to talk about and to process any traumatic memories that they have.

Arianne Struik has developed a 'Trauma Healing Story' that builds on the detailed 'Words and Pictures' explanation and is developed collaboratively with the parents (or other significant attachment figures). The 'Trauma Healing Story' assists the child in making this cognitive shift by providing the child with an explicit message about the views of the parents. Do the parents believe the child is responsible for what has happened, that the child should or could have done something different or is a bad child? The best outcome would be if parents are able to acknowledge that the child is not responsible for the abuse or harm that has happened, and are able to provide the child with permission (therapeutic safety) to talk about and to process any traumatic memories. For some parents, extensive systemic therapy sessions may be required to help them shift to this position and there may be parents who won't be able to make this acknowledgement and will continue blaming the child. For those children, it will still be a step towards healing to get a clear message on the views of the parents as this can enable the child to determine his own position.

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15 Struik, A (2014). Treating Chronically Traumatized Children: Don't Let Sleeping Dogs Lie!" Routledge.

16 Ibid.



What this means in terms of the safety planning process is that once the safety goals have been addressed and safety has been established, then the healing and wellbeing goals can be focused on. It is important that the healing and trauma treatment aspect of the safety planning process has been talked about from the start, so that the family and network don't expect that the work with the agency or other professionals will cease once the safety plan is in place. The trauma treatment work will normally be undertaken with a therapist, so it is important that the therapist is involved in the safety planning work as early as possible, or at a minimum, is provided with a copy of the 'Immediate Story', 'Words and Pictures' and detailed safety plan so that they can begin the work of creating the 'Trauma Healing Story' and then proceed with trauma treatment.

It is possible that the child's behaviour will temporarily worsen as they undergo processing of the traumatic memories, so this needs to be acknowledged and planned for within the safety plan. Parents may need support to understand and be able to support the child through the healing process, and parents may themselves need to undergo trauma treatment. If the parents own trauma is preventing them from making the changes that they need to make to create safety for the child, then their trauma treatment will need to happen as part of the safety planning process to establish safety (before the child's trauma healing can commence).

For some families, the trauma healing work may be able to commence earlier, particularly where the parents have acknowledged the abuse or neglect that their child has experienced and take responsibility for their actions in either causing this harm or not acting to protect the child. Arianne's six tests within the "Don't Let Sleeping Dogs Lie" method provide guidance and a structure to assess when trauma treatment can commence.

## 10. **Monitor and review the safety plan**

Review how the safety plan is going on an ongoing basis. Meet regularly with the children, the parents and the safety and support network to explore everyone's views on how the safety plan is working and whether there are any concerns or problems. Write down specific examples of what's going well and work with everyone to refine and strengthen the safety plan to address any concerns. A tool<sup>17</sup> to assist with the collaborative monitoring and reviewing of the safety plan can be downloaded from my website.

If trauma treatment for the child is part of the safety planning process, then the trauma healing work can be underway while the safety plan is being monitored and reviewed.

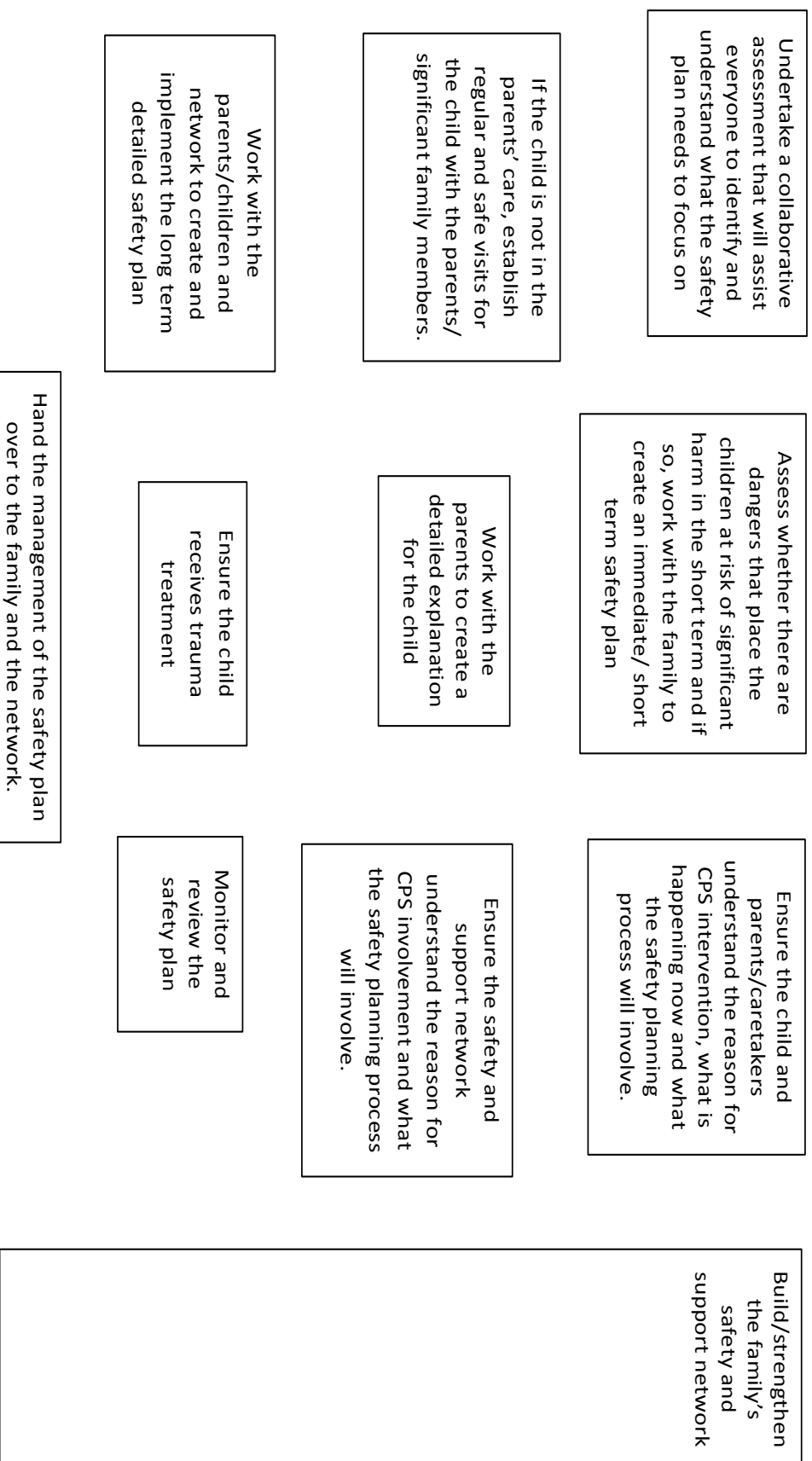
## 11. **Hand the management of the safety plan over to the family and the network.**

When everyone (parents, children, professionals and safety network) are confident that the safety plan is working, that the trauma treatment has provided enough healing for the child (and the parents if necessary) and that it is safe for child protection services to withdraw, then monitoring of the safety plan can be handed over to the child's safety and support network. The safety plan needs to contain information about what the family and the safety and support network will do if there are future worries or if the network is not able to continue working with the family, so this needs to be fully explored prior to child protection services closing the case.

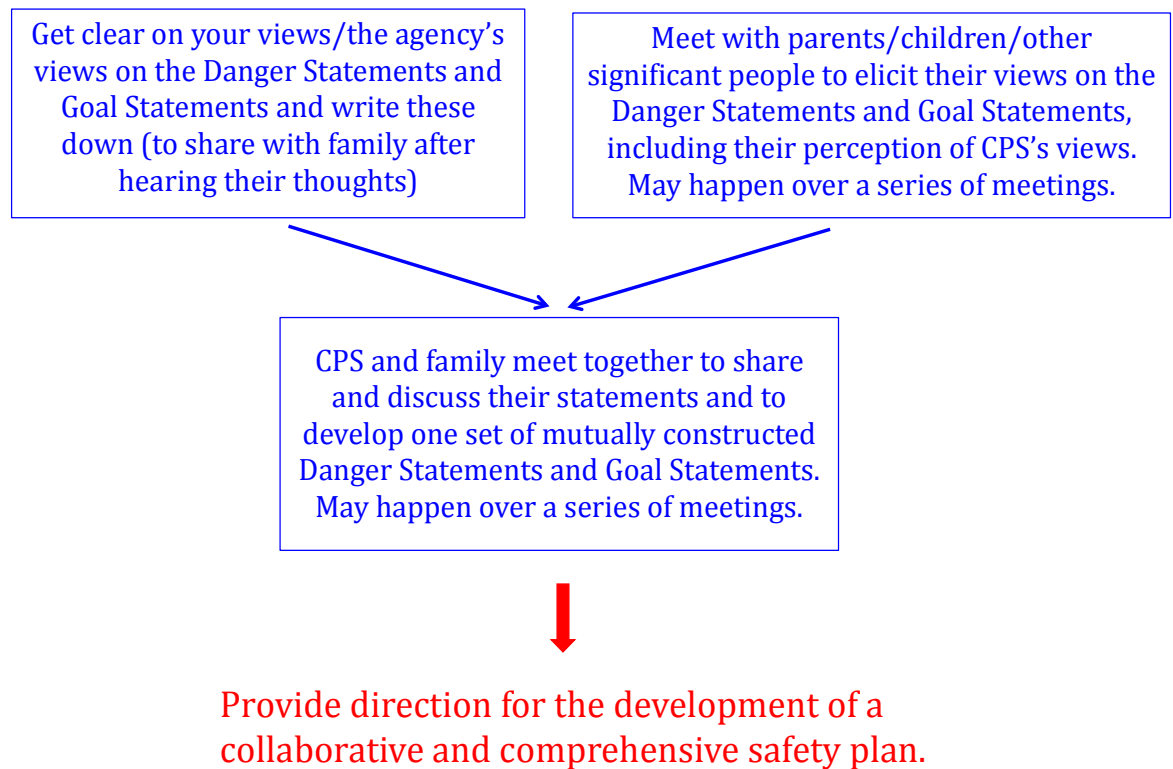
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17 Monitoring and reviewing the safety plan tool can be downloaded from my website: <http://www.spconsultancy.com.au/resources.html>

## **Safety planning for long-term safety and wellbeing**



## Process to Develop Mutually-Constructed Danger Statements and Goal Statements



## Constructing Danger Statements and Goal Statements *WITH* families

1. Clarify and record your views/the agency's views on the danger statements and goal statements, based on what you know at this point.
2. Use a questioning approach with the parents/children/family to elicit and record their views on the danger statements and goal statements, and to then ask them to reflect on the views of the agency (this creates a foundation that makes it easier for people to then hear the views of the agency). You can use a number of tools to assist you in this questioning approach: The Family Roadmap, the PFS framework, the Future House, the Safety House, or the Three Houses tool.
3. Use a questioning approach with the parents/children/family (and one or more of the above tools if that is appropriate) to share the danger statements and goal statements that you wrote earlier.
4. Use a questioning approach with the parents/children/family to reflect on everyone's views and to develop one set of mutually-constructed danger statements and goal statements that can be used in working together to build future safety for the children.

## Questions you can use to help develop mutually-constructed danger statements and safety goals

### *Developing Mutually-Constructed Danger Statements*

#### *For family preservation cases*

- We've talked about some things that are not going so well in your family at the moment. If these problems were to continue, what are you worried might happen in the future that could lead to your children being hurt? What else are you worried might happen? What else?
- If your children were here (were old enough to talk to me) what do you think they might say they are worried might happen to them if these problems were to continue?
- What do you think \_\_\_\_ (grandparents, siblings, neighbours, child health nurse, school etc) might say they are worried might happen to your children in the future?
- What do you think I would be worried might happen to you children in the future if these problems were to continue?
- What else do you think CPS are worried might happen to your kids in the future?
- Can I now show you the danger statements that I wrote down before I came to see you and we can see if there are any worries I included that we haven't talked about yet?

#### *For restoration cases*

- What worries do you have about what might happen to your children if they were to come back home to live with you?
- What worries to you think your children might have about what might happen if they were to come back home to live with you?
- If \_\_\_\_\_ (grandparent, sibling, child health nurse, school etc) was here, what do you think they would say they are worried might happen to your children if they were returned to your care?
- What do you think are my biggest worries about what might happen to your children in the future if they were returned back home to live with you? What else do you think I am worried might happen?
- Can I now show you the danger statements that I wrote down before I came to see you and we can see if there are any worries I included that we haven't talked about yet?

#### *Moving to mutually-constructed danger statements*

- Looking at the danger statements you have identified and the danger statements I wrote down before, can we look now at what we have in common? What possible future worries have we both identified?
- So you and I are both worried that ..... (for example, if Tasha is left alone with Uncle Greg, that he might try to touch her private parts and ask her to touch his, and that Tasha would be distressed and confused by that and might start to feel bad about herself). Let's write that down as the first danger statement.
- You said that you thought Tasha and your mum might also be worried that this might happen. If we find out that it is a worry for them, we can include their names at the beginning of the danger statement. Who do you think is the best person to talk to Tasha and your mum to find out if this is a worry for them?
- What other future worries have we both identified?
- Can we look now at the other things that I am worried about but that may not be a worry for you? I am worried .... (for example, that you might get into a relationship in the future with someone who will do things like hit you, punch you and scream at you in front of Tasha, and that Tasha will be frightened by seeing and hearing that happen and that she could even be hurt if she gets caught up in that fighting). So let's write that down as a danger statement that at the moment is just my worry and then we can explore if there is anyone else who is also worried about this.
- Can I ask to what extent this might be a worry for you, so on a scale of 0 - 10, where 10 is you are 100% confident that you won't be in a relationship in the future where there will be any hitting, punching and yelling in front of Tasha, and 0 is that you think that it is pretty certain that that will happen in the future, where are you on that scale?

- You're at a 6, okay, so can I include you as being a bit worried about this particular future worry, or would you prefer that your name wasn't included in this danger statement?
- Is there anyone else who you think might be worried about this? Who would be the best person to talk with them to find out if this is a worry for them?
- So once we have talked with the other important people in your and Tasha's life, we can then be clear about who shares some of these worries with yourself and with CPS and we can include their names in the danger statements if that is appropriate.
- Of these danger statements that we have now written down, which do you think is the most important for us to deal with first?

## ***Developing Collaborative Safety Goals***

### *Initial Question to elicit the parent's safety goals*

- I don't want to get into an argument with you about whether the things that were reported to the department actually happened or not, but instead I want to find out your ideas about the future that you want for your family. So let me ask you this question: Imagine that it is a few months in the future and that you have managed to sort out all of the problems that led to child protection services becoming involved with your family. What would I see you doing in the way you were looking after your kids if all the problems had been sorted out?
- I understand that having child protection services in your life might be the last thing you want, but imagine if having us involved with your life was actually a useful thing and made a positive difference for your family and your children. I know that might sound like a crazy idea, but if our involvement was actually a good thing and we were helpful to you, what would be different for you and your kids if our involvement made a positive difference for your family?
- For child protection services to be able to get out of your life and let you get on with being a family, we need to see that you are looking after your children in ways that make sure that none of the things we are worried about will happen to your children in the future. And we need to talk together about your ideas of how you would be looking after your children and our ideas about what we would need to see you doing, so that together we can come up with some really clear goals. I want to start off by asking you for your ideas and finding out what you want your future with the kids to look like. So if you were able to be the parent you have always wanted to be and were able to look after your kids in ways that you feel good about, what would you be doing?
- I understand that you don't agree with all of the worries that we have, but what do you think you would need to be doing in your care of your children in the future to show us that the things we are worried about are not going to happen?
- If there was another family facing a similar challenge, what would you be hoping would happen for them?
- If you were to leave your children with another family member or a babysitter who could be facing [the identified danger], what would you hope they would do to make sure your child was safe?

### *Focusing on the care of the children*

- Karen, you said that you wouldn't be spending money on drugs. What would you be doing instead?
- So when you and Tracy are pissed off with each other, you said that you and Tracy wouldn't be yelling and hitting each other in front of the kids, so when you and Tracy do get pissed off with each other in the future, which every couple does, what would you be doing instead of fighting around the kids?
- And if you weren't using drugs, what would be different in your care of your children? What else would be different? What else?
- And if you were managing your mental health better, what would be different in your care of your children? What else would be different? What else?

#### *Exploring their perspective on other people's views*

- If your mum was there, what would she notice you doing (differently) with the children?
- What would the kids notice you were doing if all the problems were sorted?
- And if you weren't using drugs, what would be the first thing your children/your mother/sister/friends/CS workers would notice was different in the way you were looking after your children?
- What do you think your kids would say they would need to be different for them to always feel safe when they are with you?

#### *Exploring their perspective on the agency's views*

- We've talked about your ideas and thoughts about what you would be doing in the future to make sure that your children are safe and getting everything that they need and you've come up a whole lot of ideas that are helping me to feel a lot more confident. Can we now talk about which of these ideas you think would be important to child protection services and the ones that we would most need to see you doing?
- What else from your safety goals do you think would be important to us? What else?
- What else do you think CPS would need to see you doing, in your care of the kids, for us to be willing to close the case? What else do you think we would need to see you doing?
- Can I show you now the Safety Goals that I had wrote down before I came to see you and we can see if there are any goals I included that we haven't talked about yet?

#### *Moving to mutually-constructed safety goals*

- The next step we need to take in working together is to come up with one set of safety goals that include both the things that you want to be doing in the future to keep your children safe and the things that CPS need to see you doing to be confident that the children will be safe in the future.
- So looking at your safety goals and the safety goals I wrote down before, let's look first at what we have in common? What safety goals have we both identified? What other safety goals have we both identified? Let's write all of those down under the 'Safety Goals' heading.
- Can we look now at the safety goals that are important to CPS but that you haven't included as part of your safety goals. I have included a safety goal that says: 'Kerry has ways of sorting out any conflict or arguments with future partners or other adults that are safe for Tasha and that doesn't involve anyone hitting, punching or screaming at each other in front of Tasha'. I understand that you feel pretty confident that you won't get into relationships like this in the future, but as you know it is still a worry for me and is still one of the danger statements, so I need to include this as a safety goal so that we can build our confidence that you have ways of sorting out any conflicts with people in the future that are safe for Tasha. Is this something that you are prepared to work toward and to show us that it is achievable for you? Yes? That's great! Are you happy with the way I have written this safety goal or do we need to change the way this is written?
- Let's look now at the safety goals that you have included but that are not in the safety goals I wrote. Which of these do you think have to be included in the safety goals for you to be confident that the children will be safe in the future? If the kids were here/able to talk, which of these goals would they say were important and needed to be included? Let's add those to the safety goals.

# ESTABLISHING SAFE CONTACT

This contact map is being used to help everyone talk together about what needs to happen for there to be safe contact between \_\_\_\_\_ and \_\_\_\_\_

## Safe Contact Scale:

On a scale of 0 - 10, where 10 is you are 100% confident that the children will be safe during contact and 0 is you think is it very likely that the children will be harmed during contact, where are you on this scale?

0

10

### **Worries about contact?**

(What are you worried might happen to the children during contact that has you scaling this low on the safe contact scale?)

### **Existing Safety for contact?**

(What safety is already in place for contact and what protection is provided by the parents/others that has you scaling this high on the safe contact scale?)

### **What needs to happen for the contact to be safe?**

(What else would you need to see in place or the parents/others doing during contact and in preparing for contact for you to scale at a '10' on the safe contact scale?)



# BUILDING SAFETY FOR INCREASED/ UNSUPERVISED CONTACT

This contact map is being used to help everyone talk together about what needs to happen for proposed changes in contact between \_\_\_\_\_ and \_\_\_\_\_ to be safe. The proposed changes to contact are \_\_\_\_\_

## Safe Contact Scale:

On a scale of 0 - 10, where 10 is you are very confident there is enough safety to move to unsupervised contact or to increase contact, and 0 is you are really worried that the children will be harmed if contact is increased in this way, where are you on this scale?



### Worries about contact?

(What are you worried might happen to the children if contact is unsupervised or increased that has you scoring this low on the safe contact scale?)

### Existing Safety for contact?

(What safety is already in place during contact and what protection is provided by the parents/others that has you scoring this high on the safe contact scale?)

### What needs to happen for the contact to be safe?

(What else would you need to see in place or the parents/others doing during contact for you to scale at a '10' on the safe contact scale?)

## **The Safe Contact tool**

When a child or children are removed from the care of their family and placed in out of home care, establishing safe and meaningful contact between the children and their family is one of the most critical and immediate issues that the child protection agency must deal with, and it is usually one of the first issues that children and parents want to focus on. The safe contact tool has been developed to support collaborative, transparent and safety-centred decision-making about contact.

The safe contact tool is designed to engage all of the significant people in the children's lives, including the children themselves if they are old enough, in ongoing conversations about safe levels of contact between the children and their family. The tool uses a number of key questions to involve everyone in thinking through:

- What needs to happen for safe contact to be established?
- Whether that contact needs to be supervised or unsupervised?
- What would need to be in place or be demonstrated by the parents/family for contact to be increased in the future (including from supervised to unsupervised contact)?

The safe contact tool can be used when children are first placed in out of home care, or as quickly after placement as possible. If workers are able to engage the family and their networks in meaningful and safety-focused conversations about contact or visitation and are able to demonstrate collaborative and transparent decision-making about contact, this can provide an important foundation for working collaboratively with the family in the overall risk assessment and safety planning processes.

### **Reunification or family restoration**

The safe contact tool is also designed to be used with families (including the children) and their networks over the entire period of working with a family to ensure that decision-making about contact continues to be collaborative, transparent and centred on safety, from the moment that the children come into care until the children are safely returned to the care of their family and the case is closed.

For example, in reunification or family restoration practice, decisions need to be made about whether contact can be increased and when and how this increase can happen. This tool is designed to assist workers in ensuring that these decisions involve all the significant people, including the children where possible, and that everyone is able to understand how these decisions are made.

### **Foster carers and kinship carers**

The safe contact tool can also be used with foster carers and kinship carers. If foster and kinship carers are involved in the process of development safe contact plans, they will have greater understanding of the views held by others and an increased sense of ownership of the contact plans.

## ***Wilkes and Shea Family Safety Plan for Caroline and Eldrin***

**Kiya Gnuny Kulunga Muditj Una**  
***(Yes our children are healthy and safe)***



This safety plan has been developed by the Wilkes and Shea family. Our family recognises that the Department of Child Protection and Family Support have statutory authority and legal guardianship of Caroline and Eldrin and the purpose of this safety plan is to describe to DCPFS how our family will continue to ensure the long-term safety of Caroline and Eldrin.

While the immediate safety plan focused only on Caroline's safety and wellbeing, this long term safety plan focuses on the safety of both Caroline and Eldrin, so that the safety plan covers Eldrin during his visits with the family and his planned return to the family's care.



The people who have been involved in developing this safety plan include: Debra Wilkes (grandmother), Lloyd Wilkes (grandfather), Ted Wilkes (paternal great uncle), Josie Isaacs (maternal great aunt), Sharon Wilkes (paternal great aunt), and Violet Spratt (paternal aunt). Artwork is by Daniel Wilkes.

## **Safety Rule 1:            Supporting Kimberley and Lorraine to understand the safety plan**

Debra and Lloyd will engage the whole of Kimberley's family, which includes Debra and Lloyd's brothers and sisters, to ensure that Kimberley and Lorraine know that they are loved and part of a bigger family, and to try to support them in getting on with their lives and help them not to relapse.

Debra, Lloyd, Violet and the senior members of the family will talk with Kimberley and Lorraine to explain what is happening with the safety plan and the work with DCPFS, and to help them to understand the importance of the safety plan and what will happen if the safety plan is not followed.

Ted and Lloyd will contact Stanley Shea (and other uncles if desired) to arrange a response from senior men in the family to support Kimberley in understanding and following the safety plan and to assist him in getting on with his life in positive ways and preventing relapse.

Deb, Violet and Josie (Deb's sister) will talk with Lorraine to support her in understanding and following the safety plan and to try to assist her in her personal development and getting her life back on track and to prevent her from relapsing.

## **Safety Rule 2**

Debra and Lloyd and the family will make sure that Caroline and Eldrin do not have any physical contact with Kimberley or Lorraine, except for contact that is organised by DCPFS. The family will continue to make sure this happens until DCPFS is confident that the family can safely supervise contact between Caroline and Eldrin and their parents.



### **Safety Rule 3:     If Kimberley and Lorraine come to Debra and Lloyd's house and ask to see Caroline and Eldrin**

If Kimberley or Lorraine come around to Debra and Lloyd's home while Caroline or Eldrin are there, Debra and Lloyd and the family will remind Kimberley and Lorraine that the family have to follow the safety plan and that they can't allow them to spend time with Caroline or Eldrin without DCPFS, and Debra and Lloyd and the family will ask Kimberley and Lorraine to leave.

The way that the family will do this will be different, depending on whether Kimberley and Lorraine are in a clear state of mind or under the influence of drugs and/or alcohol.

If Kimberley and Lorraine are under influence of drugs and/or alcohol, they won't be allowed to have any contact with the children and Debra and Lloyd and the family will ask them to leave. This is what the family have already been doing for a very long time, with any family members who are under the influence of drugs and alcohol. If Kimberley and Lorraine refuse to leave, Debra will ask senior family members to come and talk with Kimberley and Lorraine and to explain to them again why it is important that they leave and try to persuade them to walk away. This is what the family have done in the past and it has worked. If family members are not able to persuade Kimberley or Lorraine to leave, or if Debra is not able to reach other senior family members, then Debra will call the police.

If Kimberley and Lorraine come around to the house and they are in a clear state of mind, then Debra and Lloyd will remind Kimberley and Lorraine that the family have to follow the safety plan and that they can't allow them to spend time with Caroline or Eldrin without DCPFS, but they will let them say hello to Caroline and Eldrin and give them a hug before they leave. This is to respect their love and connection with their children, and knowing that the family can ensure the children's safety and wellbeing during this brief contact.



The family will write up a dot point list and put it on the fridge or the cupboard, to remind them what they have to do if either Kimberley or Lorraine come to the house while Caroline or Eldrin are there.

#### **Safety Rule 4: When Kimberley and Lorraine want to visit family**

When Kimberley and Lorraine want to come and visit family and have time with family, then Debra will organise for Caroline and Eldrin to be in the care of someone else in the family, like Violet. The children will stay with this family member until Kimberley and Lorraine have finished their visit.

If Kimberley or Lorraine drop in to visit while Caroline or Eldrin are not there, someone in the house will call Debra or Violet (whoever the children are with) to let them know that Kimberley or Lorraine are visiting. Someone in the family will then will call again to let them know when Kimberley and Lorraine have left so that they know that they can bring the children home.



### **Safety Rule 5: When Kimberley and Lorraine phone the family**

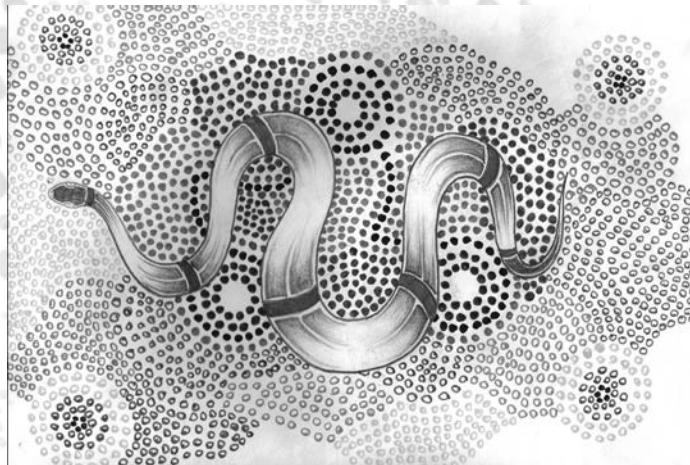
Kimberley and Lorraine both phone the family from time to time, to talk with Debra and Lloyd and other family, and to find out how their children are doing. Debra and Lloyd will let Kimberley and Lorraine talk to Caroline and Eldrin during these phone calls, putting the phone onto speaker phone so that Caroline and Eldrin can hear their Mum or Dad's voice and maintain their connection with their Mum and Dad. For Caroline and Eldrin to be able to grow up strong and well, they need to have this strong connection with their Mum and Dad. Having this phone contact with their children will also help Kimberley and Lorraine to maintain their connection with their children and a sense of hope that they can care for their children in the future and will help them to stay motivated to make the changes they need to make.



If Kimberley or Lorraine ask to see Caroline or Eldrin during these phone calls, then Debra and Lloyd will be strong and say no and remind Kimberley and Lorraine that they need to go through DCPFS to see Caroline and Eldrin. Debra and Lloyd will say “Remember the plan and the consequences if we don't follow the plan” and “Remember the bigger picture”.

**Safety Rule 6: If Debra or other family members are out with the children and they bump into Kimberley or Lorraine**

If Debra or other family members are caring for the children and they are out at the shops or the park or somewhere else in the community and they bump into Kimberley or Lorraine, they will let the kids have a kiss and cuddle with their mum or dad and then say “Love you, but we have to get going and I’ll call you when I get home and we can have a yarn”.



**Safety Rule 7: Family events and gatherings**

When the family get together for family events or special occasions and Kimberley or Lorraine are going to be there, Debra will organise for the children to be looked after by some one who everyone agrees is a safe person. These safe people include: Jodie, Josie (Debra’s sister), Violet, Judy, Josie, Reece and Veronica, Jenna (Debra’s niece).

Deb will talk to DCPFS prior to the family event to let them know the arrangements.

## **Safety Rule 8:      Respite Care**

The family will talk with DCPFS to have some agreed upon safe people who Caroline can stay with, to give Debra and Lloyd some respite from time to time. DCPFS have agreed that Caroline can have a sleepover with agreed upon family members, but if it is going to be for more than one night, then that person needs to be assessed as a relative carer by DCPFS.

The family and DCPFS have agreed that Caroline can have a sleepover with the following family: Violet, Judy, Josie, Veronica and Reece, Josie (Debra's sister).

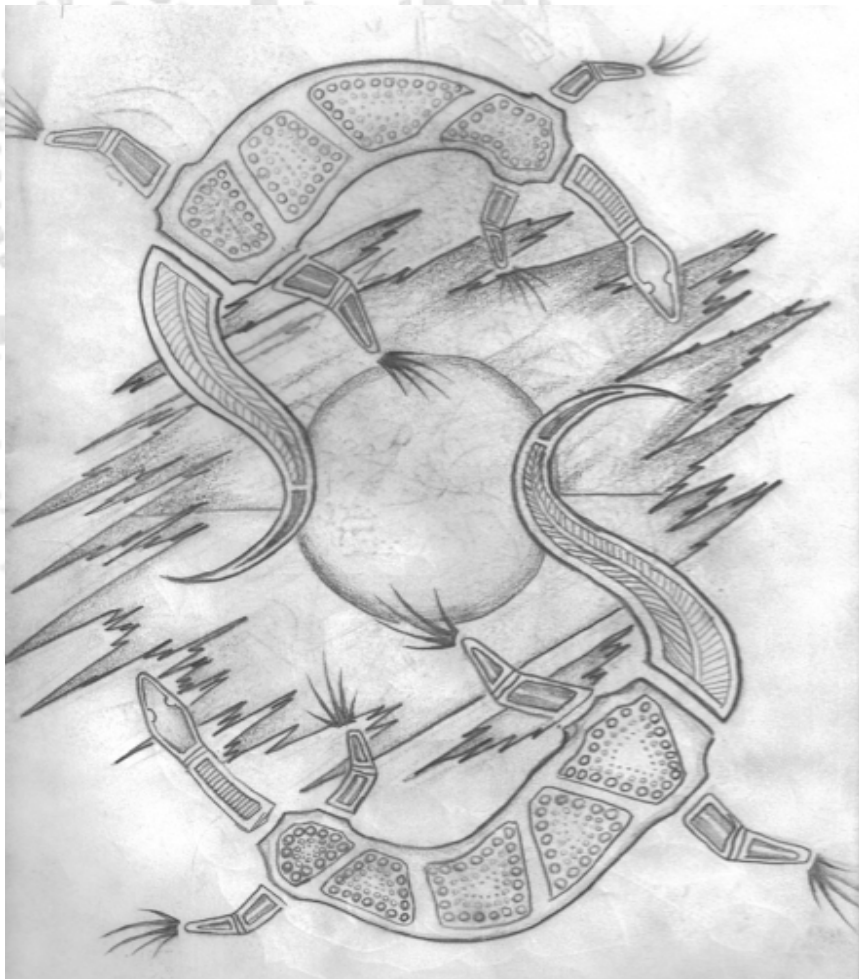
The family and DCPFS have agreed that Jodie can be a respite carer and that DCPFS will organise relative carer assessments for Debra's daughters (Violent, Judy and Josie) so that they can also care for Caroline as respite carers.

## **Safety Rule 9:      Debra and Lloyd have the support of the family**

Debra and Lloyd's family will come together regularly to support Debra and Lloyd and the family to look after the children and to support the endeavours to help Kimberley and Lorraine get back on track.

- Lloyd as the father and the senior male figure in the house, is there for the whole family. Lloyd, Ted and Stanley will meet in the first instance to discuss how the older men in the family can assist both Debra and Lloyd, and assist Debra, by being on call and meeting regularly.
- Ted will visit once a week for the first 4 weeks, to ensure that he is there for Debra and Lloyd and the family and to support them in following the plan.
- If everything is going well with the safety plan, then Ted's visits will be relaxed to once a fortnight, but he will always remain on call for Debra and Lloyd. Ted will make himself available at any time to talk with Debra and Lloyd, either by phone or in person.

- Lloyd's sister, Sharon, will be available as an emergency person at any time by phone.
- Kimberley's siblings, who are all Debra and Lloyd's children, will support Kimberley to understand and keep to the safety plan. Violet, as Kimberley's oldest sister, will continue to support and counsel Kimberley throughout this process.
- Violet, as Debra and Lloyd's oldest daughter, will be called on to assist whenever required. Debra and Violet's relationship is a strong relationship.

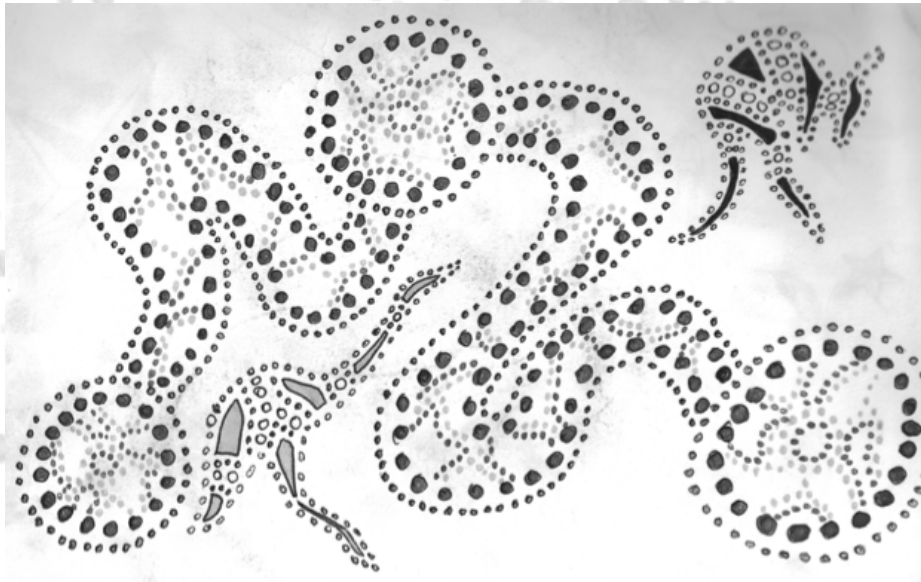




### **Safety Rule 10:    Our house is an alcohol and drug-free house**

For the past 10 years, Debra and Lloyd's house has been an alcohol and drug-free house and this will continue. Everyone in the family know that they can't drink or use drugs at Debra and Lloyd's house and that if they turn up under the influence of drugs or alcohol, Debra and Lloyd will respectfully ask them to leave.

Even if Lloyd wants to have a beer, he does this away from the house.



### **Safety Rule 11:    FinWA will support the family**

Sonja from FinWA will work with Debra and Lloyd and the family over the next four weeks to develop the safety plan and will provide ongoing support to the family as they work with DCPFS and put the safety plan into action to demonstrate the long term safety of Caroline and Eldrin.

**Safety Rule 12:    The family understands that DCPFS needs to see that the safety plan is working.**

The family understands that DCPFS will make regular calls to Hakea and Bandyup prisons to make sure that the family have not been taking Caroline or Eldrin for visits, and regular unannounced home visits to Debra and Lloyd's home to ensure the safety plan is being followed.

While the family recognises that these unannounced home visits will be an imposition on Debra and Lloyd and the family, we acknowledge that DCPFS don't know the family very well and that this is necessary for DCPFS to build their confidence in the family putting the safety plan into action. Debra and Lloyd will also keep a record (in a family safety book) of times when they have needed to remind Kimberley and Lorraine that they can't see the children and will inform DCPFS of how they have kept to the safety plan during these times.

**Safety Rule 13:    If anyone is worried about Caroline or Eldrin**

If anyone is worried about the safety of Caroline or Eldrin, they will discuss this with Debra and Lloyd in the first instance. The family will then meet together to discuss the concerns and to determine how the family need to respond to address this concern (and to strengthen the safety plan if needed).

An example of this might be if Kimberley was persistently turning up under the influence, wanting to see his children. If something like this was happening, the older men in the family would meet with Kimberley and talk with him about the consequences of his behaviour and support him to make good decisions in the future.

If the family weren't able to address the concern and they thought that the safety plan wasn't enough to protect the children, then Debra, Lloyd or other family members would contact DCPFS.

If the safety plan needs to be strengthened or changed in any way, Debra will talk this through with DCPFS and provide DCPFS with a copy.



#### **Safety Rule 14: If DCPFS are worried about Caroline or Eldrin**

If DCPFS is worried about the safety of Caroline or Eldrin, DCPFS will talk with Debra and Lloyd and ask them to organise an immediate family meeting. This family meeting will include Debra, Lloyd, Ted, the older aunts and uncles in the family and Debra and Lloyd's children and if necessary, Kimberley's biological father could also be invited to this meeting. The family will work with DCPFS to discuss the concern and to look at what needs to happen to address this concern.

If DCPFS is worried about Caroline's immediate safety in Debra and Lloyd's care, the family would like DCPFS to place Caroline with Violet until DCPFS's concerns about Debra and Lloyd's care of Caroline have been addressed. The family would like DCPFS to progress Violet's care assessment as a priority.



### **Safety Rule 15: Supporting Kimberley and Lorraine**

Debra and Lloyd and the whole of the family want Kimberley and Lorraine to know that they are loved and part of a bigger family. The family want to support Lorraine and Kimberley to get their kids back.

Debra and family are doing this out of love for the children and want Lorraine and Kimberley to know that Debra will be Nana to Caroline and Eldrin and look after them until Lorraine and Kimberley are able to look after their kids again.



**Redactie**

Sonja Parker in opdracht van Integrale Jeugdhulp

**Verantwoordelijk uitgever**

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**Druk**

Agentschap Facilitair Management  
Digitale Drukkerij  
Uitgave  
oktober 2014

**Depotnummer**

D/2014/3241/267



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