Steps in Safety Planning
by Andrew Turnell

Introduction

The methods and approach to safety planning described in this workbook are designed to create a proactive, structured and monitored process where what child protection is looking for is clearly articulated and parents are provided with a genuine opportunity, supported and guided by the professionals and their own support network to demonstrate that they can care for their children safely. If parents succeed, reunification and case closure can proceed based on the confidence that the parents have demonstrated the care and safety provision of the children the professionals are looking for. If during the safety planning process the parents cannot demonstrate the ability to provide care required in conditions where they have been given a genuine opportunity to do so then the decision to make other living arrangements for the children is grounded in the behavioural facts of the parents’ actions.

The steps in safety planning described in this chapter are represented in summary in the Safety Planning Road Map. To begin we will consider the ongoing relational process that underpin any safety planning work and then look at the steps of safety planning.

Relational Processes that Underpin Safety Planning

Effective safety planning must be grounded in a strong working relationship with the parents and other family members and this requires the professionals to lead and guide the process through equal and constantly intersecting aspects of coercion, honouring, vision, conversation and compassion.

Skilful Use of Authority

At every level, child protection work involves skilful use of authority. This is particularly so in safety planning. Meaningful safety planning involves making difficult changes such as the parents speaking openly about issues where children have been hurt or are at risk, involving a naturally occurring network alongside them, creating an explanation for their children about the problem and changing everyday living arrangements. These things will usually only happen because child protection professionals require them. The key here is using authority skilfully and constructively rather than oppressively. Throughout this workbook the subject of skillfully using authority will come up repeatedly, the reader might also like to look at Turnell et.al., 2008 where Sue Lorhbach and I write about working with involuntary clients.

Using authority is not a subject much explored in the helping professionals. A useful way to think about the idea of authority is to thinking about it in terms of influence. Pragmatically, one person has authority

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over another when they can influence the other person. The question that follows then is how does one person gain influence over another? In child protection professionals (even those working outside of the statutory agency) have or can draw upon considerable formal statutory authority and service recipients are very aware of this. In the end though authority and influence is not simple demanded and taken and it is given by the other and is best built through an honest, transparent relationship.

**Honouring**

Professionals will be given more influence, will be listened to more and granted more authority the more they can see and honour the value in the people they are working with. A professional that hammers away at everything that is wrong will tend to be resisted. A key maxim throughout the safety planning process described here is that the harder the issue and the more professional requires of a parent or family member the more depth and rigour the professional needs to bring to listening for and honouring even smallest glimpses of strength and positive intent and behaviour in the family members we work with.

**Vision**

Service recipient research tells us that people caught up in child protection matters regularly feel like they are being criticised for what they have done wrong and rarely know what they need to do to get child protection services out of their live. It is challenging for child protection professionals to be clear about what they want and need to see but when they do parents and their support people will often work very hard and go to surprising lengths when they are provided with clear goals and a concrete vision of what meaningful safety planning looks like. An example of this occurred when a mother’s boyfriend was told clearly that because of concerns about possible past violence he couldn’t be with the children when they were with their mother. Asked how he could demonstrate this would happen he surprised everyone by offering to activate the global positioning device on his mobile phone and provide the children’s father with the digital link that would enable him to track the GPS and to check up physically that the boyfriend was where the GPS said he was.

Throughout the safety planning it is vital that the professionals provide parents and their support people with a clear vision of what they need to do. This is achieved in part through well-defined safety goals and bottom lines and a clear timetable and stepwise plan for the work that needs to be done. A very practical and helpful way of building a clear vision of the work that will be required of the parents is to show them examples of equivalent safety plans focused on everyday living arrangements relevant to their situation. Examples of such plans can be found in this workbook and also in Turnell 2010; Turnell 2012; Turnell and Essex 2006; 2013.

**Conversation**

Child protection professionals have a tendency to feel like they are responsible for the solving the problems within the family and this leads to a tendency to prescribe too much. In this approach the idea is for professionals to as much as possible get their concerns out in the open and get the parents and their network to come up with their best thinking and ideas through conversation. The key question that anchors the ongoing conversation is, what will show everyone the child is safe and no one needs to worry? Adopting a questioning rather than definitive approach around issues and solutions builds conversation that grows the capacity for parents and support people to take greater ownership of the issues and actions in safety planning.

**Compassion**

I was recently asked to consult on a case where a developmentally delayed mother was being criticised for walking away and retreating to her bedroom at times when her teenage children got into explosive fights. The workers talked about this as the mother abandoning her parenting role were trying hard to get the mother to see and agree with their view. I worked with them to think about this more from the perspective of the mother by asking questions rather than jumping to judgments about the mother’s behaviour. In this process we developed a range of questions for the mother and the teenagers including:
Steps in Safety Planning

1 Preparations: Begin with the Key Professionals then Involve the Parents and Family

Before proposing a safety planning process to parents it is vital that all professionals that have significant involvement in the case fully understand and agree with offering the parents and network this opportunity. Without this preparatory work the safety planning and reunification process can often be derailed because key professionals either were not involved at the beginning or did not understand what was being offer to the family and weren’t committed to it. Getting buy-in with all key professionals is essential before going to the family because professionals pulling back or opposing the process when it is underway will often leave the family angry and feeling tricked into working on a safety planning/reunification process only to find the professionals weren’t committed to it in the first place. Figuring out what constitutes enough safety in any given child protection case provokes anxiety for professionals so it is important that professionals meet and discuss their worries throughout the safety planning so that the professionals stay on the same page throughout.

With professional agreement in place and roles are clarified, this lays the foundation to explain the safety planning and/or reunification process to the parents/family. Once the parents understand the process they should be given time to decide if this is something they want and are willing to participate in. If this is a contested matter before the courts the briefing should be undertaken with the parents’ legal representatives present. Once the parents have agreed this is something they want to pursue and participate in, the safety planning process can begin.

2 Straightforward Danger Statements and Safety Goals

Child protection work is always pressurised and under the impulse to get safety planning professionals done quickly professionals can get caught in the trap of providing a generalised articulation of their concerns and jump from there into professionals determining the rules of a safety plan that they expect parents to comply with. This rarely works because parents aren’t clear about the concerns and have little investment in the rules, though they will often say they agree as they see this as a means to get child protection out of their lives.

Safety planning is always challenging involving a carefully thought out, shared journey that must involve the parents, children and their own network of people because the safety plan will change the everyday arrangements by which they live their lives.

One of the biggest issues for families involved in child protection is to understand clearly what they need to do to satisfy child protection authorities so they can get on with their lives without professional involvement. There is no getting around the fact that the statutory authorities hold the major say in what constitutes enough safety to close the case and for safety planning to be effective they must articulate simply and clearly what they want.
Safety planning succeeds through getting the basics clear. Within the Signs of Safety approach this involves getting the danger statements clear and specific and articulating clear safety goals relative to the danger statements that are completely understandable to the parents and family. Once the foundation stone of the danger statements and a straightforward explanation of the maltreatment issues has been put in place this creates the ground on which the professionals can initiate purposive, future-focused discussions with the parents and their support people about what needs to happen to show everyone (including the statutory authorities) that the abuse/alleged abuse cannot happen in the future.

Danger statements are a behaviourally specific, straightforward description of what the child protection authorities are worried will happen to the children if nothing changes. Safety goals provide a description of what the child protection authorities need to see to know the child is safe and they can close the case. By way of example, here are a number of common language dangers statements and safety goals.

**Intense Drug Use, High Risk New Born**

**Danger Statement:** Amanda and Anna CPS are worried about Mum being able to look after Ashley because Mum was using so much drugs while she was pregnant that Ashley needed intensive special hospital care for 4 weeks and the Doctors say Ashley will probably continue to have breathing problems and brain damage. Because Mum has used so much and because in hospital she couldn’t get up to feed Ashley, Jane and Anna worry that even though Rachel loves Ashley if Ashley lives with Mum, Mum won’t be able to do the basic things Ashley needs like, getting up to her at night, feeding, cuddling, clean and cloth him. Ashley needs such careful and regular medical care and because all the people around Mum are using so much drugs too, Jane and Anna worry that Ashley could end up being hurt, sick or even die because no one is paying attention to her.

**Safety Goal:** Mum has said ‘I can’t use drugs and live in the current place where everyone is using if I’m going to have Ashley’. So for Jane and Anna CPS to give Mum a chance to have Ashley in her care they need to see Mum drug free for 6 months and living somewhere where no-one is using. After this Jane and Anna would need Mum and 5 or 6 people she choses to help her show she can do all the basic things Ashley needs like getting up to her at night, feeding, cuddling, keeping her clean and giving Ashley the careful, regular medical care he needs over a steadily increasing 12 month programme of contact starting with 4 hours/week through to Ashley living with Mum.

**Alleged Factitious Induced Illness**

**Danger Statement:** The professionals are unclear how much this is Lorraine’s responsibility or the Doctors not being thorough enough, but CPS is worried that when Lorraine looks after Fiona, Fiona is getting medical treatments and interventions that she doesn’t need and is making her sick, not growing and feel embarrassed and abnormal. Fiona is getting healthier in placement so it seems pretty certain Lorraine’s actions play some part in the problems.

**Safety Goal:** Because there is plenty about Lorraine as a mum for the four kids that is fantastic and this is evident in how good these kids are, CPS want the kids back with Lorraine. To do this CPS need all the medical care of Fiona to be carefully overseen and directed not by Lorraine but by a strong member of Fiona’s safety network together with a Doctor that everyone is confident in. In allowing this to happen Lorraine will be showing the professionals and kids she is taking the professionals concerns seriously even if she is offended by what they think.

**Injured Infant**

**Danger Statement:** Debra and Carmen, CPS and the Doctors are worried that if Doris (four months) and Amy come back to live with Bernadette as her Mum that the children could be injured as badly or even worse than when Doris had blood in her eyes and the skull fracture in January 2013, that put her in hospital for two weeks. Debra and Carmen CPS and Doctors are particularly worried about this because Doctors say someone must have caused Doris’s injuries and CPS says it must have been Bernadette, Harold or Harold’s Mum. CPS will probably never know who caused the injuries and how so Debra and Carmen will have to keep thinking that maybe it was Bernadette.
**Safety Goal:** CPS want Bernadette to have Doris and Leonard in her care and to do this Debra and Carmen need to see and know that whenever Bernadette is overwhelmed and stressed she can still control herself enough to look after the kids okay, or if she feels like she’s going to lose it, she or someone helping her gets a person from the safety network to look after the kids.

**Danger Statement:** Eileen from CPS is worried that Tali has seen or suffered such horrific violence or abuse like seeing Lizzy assaulted and raped by his father that he is freaking out and out of control and this leads him to do things like dismembering a cat, attacking people, smearing feces, vandalizing, truanting etc. At the same time Lizzy has faced such horrible things and had such a hard life in South Dakota (and probably before that) that even though she loves Tali very much she has not had enough energy to control, look after and make a stable life for Tali to enable him to cope with all the horrible things he’s seen or had done to him. CPS is worried if Tali is with Lizzy she won’t be able to control him, and because the Police have said they think that Lizzy is using drugs and escorting out of her home that Tali will be left unsupervised like when the Police found him with known drug dealers late at night and he might be faced with experiences as bad or worse as what happened in South Dakota.

**Safety Goal:** CPS want Tali to be with Lizzy because its so clear she loves him and is great with him on access visits. For this to happen CPS needs to see that Lizzy together with a safety network of people who care for Tali can create plans with us to support Tali, and control his out-of-control behaviour that will slowly get Tali back to a normal child’s life. As part of this CPS needs Lizzy to work with them to create an explanation for Tali about the horrible things he has seen and has happened to him and his mother. CPS needs to know that Tali will always be looked after and supervised by people who aren’t using drugs, so if Lizzy is going to use or escort she needs to make sure Tali is with one the other people in the safety network.

**Father Convicted of Child Porn, Sexting and Involvement in Child Sex Chatrooms**

**Danger Statement:** CPS is worried about Dad because even though Dad’s children and Dad did not report the children being sexually abused by Dad or involved in the very explicit child sex chat room discussions that Dad has admitted to and convicted of it is clear Dad is sexually attracted to children. This makes CPS and the Guardian/court worry that Dad may sexually abuse his children or allow or encourage others to sexually abuse his children. CPS and the Guardian/court are also worried that Dad might involve his or other children in the child sex chat rooms or sexting and/or that he will take naked pictures of his children and share them with others on the web.

**Safety Goal:** CPS will support Dad living with his family and will close the case when a safety plan that CPS, Mom, Dad and the network agree on has been in place and working for 6 months. The safety plan needs to show that that the children will always be cared for by people who will never involve them in sexual activity of any sort such as filming, photo graphing of touching the children’s private parts, having them masturbate adults or any type of sexual penetration or exposing or involving the children in sexting, internet sex chat or any form of pornography. As part of the safety plan Dad needs to demonstrate to CPS, Mom and the network that he is not planning or participating in any activities focused on adults sexually abusing children.

**3 Identify Everything Constructive in the Direct Parenting**

Building safety plans that are meaningful and last, require a sound working relationship between the child protection professionals and the parents/family. Without this working relationship it is unlikely the parents will listen to what DCP is worried about or work with us to create a meaningful safety plan. The simplest way to create a good working relationship with parents is to rigourously exploring and honouring the positives and strengths of the parents and the people around the immediate family.

Professionals should forensically think through and inquire about times of positive parenting, good care for the children, times when the parents put the child first or sought to, times the parent did control or
seek to control complicating issues such as mental illness, addiction, people they have around them that they have involved to improve the child’s life or help them with how they look after relate to the child. Professionals tend when they think about family strengths to list parent’s participation in services which while they are important only have any significance if and when they contribute to changes in the parents care of the children. The strengths that are most meaningful for safety planning are ones directly related to parents’ everyday family life seeking to detail their actions in how they positively relate to their children.

By identifying, honouring and complimenting parents for what they are doing that is positive the workers are creating the relational context where:

- They are more grounded in what the parents have achieved already and therefore clearer about the level of risk involved in relation to the danger,
- They are more hopeful about the parents
- The parents are much more likely to listen to the workers’ views about the danger and problems and more likely to work with them to build the safety plan.

4 CPS Bottom Line Requirements

The safety goals provide the goal posts and articulate the answer to the question ‘what do the child protection authorities need to see to be satisfied the child is safe?’ The bottom line requirements, or bottom lines, create more flesh on the safety goals so that together, the safety goals and the bottom line requirements set out the context and clear parameters to engage the family members and network in a realistic/fair conversation about what the safety plan looks like and what child protection services see that the plans needs to involve. The easiest way to distinguish between what constitutes safety goals and what are professional bottom lines is think of the difference between what and how. The goal should articulate ‘what’ must be achieved; the bottom line requirements are the professional conditions of ‘how’ this must be achieved. The subsequent work of developing the full safety plan with the family and network creates the complete articulation of the rules and means by which the family will demonstrate safety. Professionals should keep the bottom lines they require to a minimum to create maximum opportunity for the family to develop as much of the safety plan as possible.

Services

Since child protection casework plans typically involve requiring parents to attend services such as, parenting courses, drug and alcohol treatment, psychiatric treatment, domestic violence group programmes, family, couples or individual counselling or therapy we will consider the issue of service first in this section. It is crucial to always remember that services are only a means to an end they are not of themselves a safety plan. Attendance or participation in any service does not and cannot constitute safety for children. The creation of safety for vulnerable children is something that happens in the everyday care and interaction and family life of parents and children. Parental attendance and participation in a service may assist them in changing and improving how they look after relate to the child.

While referring parents to services is the ‘business as usual’ response of a child protection system, parents should only be referred to services if it is clear and agreed by everyone how the parents behaviour with the children will change as a result of undertaking the service. If the parent who is meant to attend the service does not understand what the service is meant to achieve and cannot when asked say what they expect will change in their care and parenting of the children in relation to the danger there is probably little point in the parent attending or being sent. Unless the parent demonstrates this sort of engagement with what the service will achieve for them there is probably limited benefit in stipulating attendance as a bottom line requirement of reunification. If professionals continue to be adamant that participation in a service is mandatory the professionals will need to explore further with the parents what difference the service is likely to produce in their everyday care of the children. Otherwise at best the referral is likely to simply generate parental compliance, while at worst it will result in an argument about non-attendance.

**Minimum expectation of how the safety plan will operate**

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Rather than focusing on services the professional bottom line requirements should articulate the minimum statutory agency expectations of how the safety plan will operate. Typical bottom line requirements would usually include:

- The requirement that the parents must involve a network of people to assist them in caring for the children implementing the safety plan. This will usually include the professionals stipulating the number of people they would expect to be involved in the network.

- Where a network of safety people is required these people must also be fully informed about the child protection concerns and very often it would be a requirement that the parents themselves tell the safety network members and demonstrate to the statutory agency that this has been done.

- A words and pictures explanation created by the parents together with the professionals to explain to the children why child protection have been involved in their lives and why they have been unable to live with their family of origin for some period.

- The length of time the parents must demonstrate the effective execution of the safety plan before reunification and case closure can occur (these of course are usually two separate events).

- That the safety plan must have rules that address particular stressors, triggers or issues. These might include parents and network must identify means and rules for:
  - How a couple will deal with conflict to avoid violence
  - How a parent will deal with depression, or high level anxiety or other mental distress/illness and still make sure the children are well cared for whatever their mental state
  - How a young parent will meet her needs to have fun and ‘party’ and also make sure the children are well cared for when doing so
  - That the parents must decide how they will deal with the issue of use of drug or alcohol
  - Whether the plan will be a sobriety safety plan or a plan where if the parents use others are involved to make sure the children are or okay or a plan where the parents can manage their use so they can still provide good care of the children.

As a general principal it is best to avoid stipulating specific rules for the safety plan since the idea is for the parents and their support people to come up with the safety plan rules but in some cases the statutory agency will have bottom line requirements for the rules. Two that are often necessary are:

- Identifying a particularly parent or person, usually an alleged or convicted perpetrator who will be required to never be alone with a child or children

- Identifying a certain parent or person is required to be the primary carer of the children.

5 Timeframe and Trajectory for Reunification and Closure

Parents involved in child protection cases often feel they are operating in the dark not only about what the child protection authorities want from them but also how long they have to have CPS in their lives. When professionals can provide a clear, timetabled trajectory about the requirements they have and how long it will take this typically makes a huge difference for parents and family members. The timetabled plan make the expectations more concrete and gives parents more hope. For professionals to create and commit to certain requirements and link these to a timetable for reunification and closure is usually very challenging because they typically worry about whether parents and kin will succeed and what should happen if there are setbacks. The reality is that parents are usually well aware that when a timetabled plan for reunification is created that they must meet the expectations and complete the work required if they are to progress on to the next stage.

Without a clear time line it is all too easy for a reunification or closure process to drag out almost indefinitely, which undermines everybody’s motivation and focus. Conversely, when a clear timetable is
set this creates focus and it is much easier to ask parents and their support people to work hard because they have a clear vision of the end point. As each of the tasks is completed the parents should be rewarded with successively increasing contact with their children or lessening the intensity of the supervision arrangements involved in that contact. While the exact length of a safety planning process and reunification will be determined by the risk level of the particular case, I would always suggest to keep the timeframe to the minimum possible. The shorter the timeframe the easier it is to sustain both professional and family attention. In general and in the vast majority of cases I would be looking at a reunification process of 3 to 9 months with follow up monitoring of something similar.

A successive reunification would typically involve a trajectory something like this:

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Change in contact arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>Parents commit to the safety plan process</td>
<td>Increase professionally supervised contact (e.g. from 2 hours/week to 4 hours/week)</td>
</tr>
<tr>
<td>Weeks 2 to 4</td>
<td>Parents find support people for safety network and they are informed of child protection concerns and interim safety guidelines for contact are established.</td>
<td>Replace professionals as supervisors with safety network members. Professionals then monitor the contact by meeting with children, safety people and parents following contact.</td>
</tr>
<tr>
<td>Weeks 4 to 10</td>
<td>Draft and refine the explanation for the children</td>
<td>Increase length and number of weekly contacts each week (e.g., from one to two four hour weekday contacts including evening meals in family home and one eight hour weekend contact).</td>
</tr>
<tr>
<td>Week 11</td>
<td>Words and Pictures explanation presented to children</td>
<td>First overnight stay supervised by network</td>
</tr>
<tr>
<td>Weeks 12 to 19</td>
<td>Increasing depth in detail of safety guidelines toward final safety plan created relative to increasing contact.</td>
<td>Maintain regular overnight stays, increasing to first full weekend etc.</td>
</tr>
<tr>
<td>Week 20</td>
<td>Final safety plan created and safety plan prepared for and presented to the children in age-appropriate language</td>
<td>Reunification</td>
</tr>
<tr>
<td>Week 21 to 36</td>
<td>Successful use of safety plan and meeting of parents and network if challenges crop up. Monitored by statutory agency usually for a period of 3 to 6 months</td>
<td>Case closure</td>
</tr>
</tbody>
</table>

6 Building and Informed Family Safety Network

Every traditional culture knows the wisdom of the African saying ‘it takes a village to raise a child’. Beyond this it is axiomatic that a child that is connected to many people that care for them will almost always
have a better life experience and be safer than an isolated child. Despite this as I often say when I am teaching professionals in the West mostly act as if the saying reads ‘It takes a mother and a therapist to raise a child’.

Child psychiatrist Tilman Furniss succinctly stated that ‘child abuse is a syndrome of secrecy’. One of the important aspects of getting parents to involve naturally occurring people in a safety network to help them address the child protection concerns is that this breaks the secrecy which is often therapeutic for the parents and children and lifts the burden of shame around the problems. At the same time Furniss’s statement points to the fact that in the first instance families and parents, certainly those raised within a western culture rarely welcome the idea of involving others in their problems with child protection. Involving a network will usually require skilful use of authority and persistence on the part of the professionals.

With the working relationship between the professionals and parents grounded in a shared understanding of the child protection concerns, the safety goals and the bottom line requirements the next step is for the professionals to ask the parents to get as many people as they can involved in helping them create a safety plan. The parents invite the safety network to help them demonstrate the child will be safe in the future, and in cases where parents dispute the professional allegations, often framed as a situation of ‘denial’ they help protect the alleged perpetrator from future allegations/misunderstandings.

**Safety Circles Tool**

Child protection professionals often worry that the parents they work with won’t be able to find anyone to help them. This may be the case but it is important not to pre judge this and do everything possible to maximise the likelihood the parents will involve others to support them. The first course of action is to let the parents know that involving people from their everyday friendship and family network is a bottom line requirement for the child protection agency and then simply ask the parents who they could think of to involve. To assist and focus these conversations this process Susie Essex created a ‘safety circles’ tool (for one example of this see Turnell and Essex, 2006 p. 92). To use this tool it is often good to start by asking the parents to brainstorm and list everyone they know, friends, extended family, workmates, neighbours, people they know from religious communities, clubs and activities they participate in, people that are involved with their children’s lives including teachers, carers and coaches. Then invite the parents to categorise the people within the categories of the following three circles.

Following this the parents can be asked to highlight (perhaps by underlining or shading the particular names they chose) the people that they think would be most impressive to the statutory agency and the court. In this way the child protection professional is getting the parents to think about whether some of the people are more appropriate and helpful than others. In this process the worker can also ask the parents to identify who are the people in the list that would most share the child protection agency’s concerns who in the list would think their concerns are unfounded? In this way the worker can help the parents consider different perspectives on people they want to involve including the possibility that perhaps the people they feel are ‘least on their side’ are actually the people that will be most useful to them in demonstrating to the child protection agency that the children will be safe.

In a similar manner the worker can get the parents to think further about who to involve by asking them...
to considering:

The use of these circles process can and should be adapted to suit the particular situation but what these circles are designed to do is create a context where the parents can think in more depth about who will be most useful to them in a safety network. This also creates a conversational context around which professionals can raise any concerns they might have about particular people parents nominate and avoid a situation where the practitioner simply adopts an adjudicating, this-person-is-in, this-person-is-not, role. There is a tendency for a statutory agency to become anxious about some people parents nominate but by and large I would usually recommend involving people even if they are known, for example, to have problems with addictions, mental health or the like. Involving these people or at the very least taking their involvement seriously creates the opportunity to discuss how they can be helpful and when the problems they struggle with might mean they need to pull back (permanently or temporarily). There will of course always be some people that child protection authorities cannot allow to be involved such as people with convictions for child abuse. Again if such people are suggested this should not be framed as problem because it actually provides an excellent opportunity to have a more in depth conversation with the parents about who can help them show the child protection agency and others the children will be safe in their care.

Parents can find no one

In instances where the child protection agency deems the level of danger high enough to assert a bottom line that the parents need to find and involve other people to help them but the parents can suggest anyone, again this should not be seen as a problem but as an opportunity to have a conversation about who they could involve.

Here are some questions that might be useful in these circumstances:

- So right now you say you don’t know anyone who can help you, but we are saying you have to have some people to help you and the kids. What are your ideas about who you could ask?
- What are your ideas about how you could ask people to help you?
- If you did have some people in your life to help you what sort of help would you want?
- When have you been involved with other people in your life before? How did you meet them?
- How could these people help you show child protection the children will be safe?

I have seen many cases where parents who defiantly asserted they knew no one or were not willing to involve anyone else ultimately did invitee people such as their bank teller, land lord, the caretaker and neighbours to be part of their safety network. In many of these instances these were the people the parents had little or no relationship with. Workers who can’t imagine getting parents they are working with to involve a useful network of people might find the experience of Julie valuable. Julie had a long history of alcohol addiction and had moved many times around the USA to avoid or escape the attention of child protection authorities. When Carver County child protection work Sarah Manthei worked with Julie and proposed that the child protection agency needed her to involve people in her life, Julie raised many impediments. First and most simply Julie knew almost no one because she had moved so many times. Then Julie offered people she knew from out of the state and some others (drinking companions) she knew locally asking them to just tell social services whatever they needed to hear. In Julie’s own words she was asking these people to ‘scam’ Sarah and the county. Sarah did not make this a problem, focusing
on the fact that even for the ‘wrong’ reasons Julie was starting to talk to others about child protection being involved in her life. Video interviews with Sarah and Julie describing their experience of this work where ultimately Julie invited her bank teller and joined a church to enlist people to help her create a better life for her children can be found at: www.signsofsafety.net/sp/julie and Sarah Mantai discusses her experience of the work at minute 1:20 at www.signsofsafety.net/sp/sarah.

Inviting people to the network

Before parents invite others to be involved the professionals should discuss with the parents how the parents will explain to the people they will invite what the problem is and what they are asking of them. While this might sound like a small matter it is one of the ‘small’ steps in the safety planning process and creating of a network that is critical because people involved in the safety network are only useful when they have a full understanding of the child protection concerns and what is needed of them. This is critical since people in the safety network who don’t understand the child protection concerns are of little to no value. For parents to explain the child protection concerns to the extended family, neighbours, workmates and friends in a way that will satisfy the professionals will almost always require careful discussion and rehearsal between the parents and professionals. Child protection professionals will need to verify that the safety network people understand their concerns and the parents need to know this will happen. One of the best ways for the professionals to satisfy themselves the safety network members understand the concerns is to ask the parents to explain the child protection concerns to the network members with the child protection worker present.

Once the parents have an informed network of safety people these people should then be enlisted to start supervising the contact between the parents and the children. After each contact the child protection worker should follow up with the child, the network members that supervised and the parents exploring what went well with the contact and what problems occurred.

7 Words and Pictures Explanation for the Children (and Everyone Else)

For any safety plan to make sense to children they must have an explanation of the past issues and problems that require the development of a safety plan. For children and young people who have been in care for some significant period of time there are also inevitably a mix of explanations they have heard about why they were removed from the parents. Alongside this, carers and professionals are often uncertain how and what to tell children and in this context a sense of silencing and secrecy can quickly build up for everyone involved.

The words and pictures process is designed to deal with the silencing, secrecy, mixed messages and confusions that surround child maltreatment and the circumstances that lead to children to be placed in care and to deal with this directly in the relationship between the parents and the children. The words and pictures explanation is first and foremost the parents’ explanation of the child protection issues for the children that is created together with the professionals. This explanation or set of age-appropriate ‘words’ explains the child protection concerns to the children and later to extended family and friends. When the words are explained to the children a set of ‘pictures’ are also created to match the explanation and facilitate the children’s understanding; from this comes the ‘words and pictures’ process. The explanation creates a foundation of openness within the family and their network from which a meaningful safety plan can be created.

Katrina Etherington, a child protection practitioner from Western Australia has used the words and pictures process as a means of getting the parents active in the constructive task of creating an explanation for the children very quickly after the removal, which then sets the scene for quickly focusing on safety planning. Here are three sections of a Words and Pictures document Katrina’s created with the parents within the first two weeks of a case, demonstrating the interconnection of explanation, involvement of a network and early safety planning:
**Who was worried and what they were worried about**

A short time ago, the people who work at DCP were told that Ben, Tam, Cris and Caleb were being hurt and scared at home by their Dad who also threatened that if they told their Mum or anyone else things would be worse.

DCP were also told that there were angry fights happening between Dad and Mum and that these were sometimes so loud they hurt the children’s ears and made them scared.

Mum and Dad are working very hard with DCP to show everyone that Caleb, Cris, TAM and Ben will be safe when they come home. When Dad comes home from work there will be lots of visitors like Grandad, Grandma, Nany, Poppy, Aunty Kelly, Aunty Holly, Josh and Chaney, DCP and people from church like Gary. These will all be safety network people and will be visiting and talking with Ben, Tam, Cris and Caleb because they all care about them and want to see that they are safe and happy and loved.
In summary the Words and Pictures process is designed to:

1. To create together with the parents and key adults a clear story that gives the children/young people an age appropriate explanation of the problems and the seriousness of the issues that got child protection involved in the family’s life

2. Help the parents and key adults process the past by connecting their experience of the problems with what the children need to know and creating an explanation they own

3. Open up the secrecy, shame and trauma around the child abuse/neglect and what caused it, which then becomes the foundation for safety planning

4. Creates a relationship between professionals and family where they are able to talk in depth and in a straightforward manners about the seriousness of the issues.

More detailed explanation of the process for creating a Words and Pictures explanation can be found in Turnell and Essex (2006). In summary, the process usually incorporates the following steps:

1. Begin by briefing all key professional stakeholders on the process and obtain their permission and endorsement to undertake the process (the more contentious the case and the more professionals that are involved the more important this step is)

2. Explain the process and show relevant words and pictures example to the parents and obtain their agreement to proceed

3. Check with the parent or parents about the problem (e.g., mental health problem; severe illness; child protection concerns; drug or alcohol misuse) regarding what would be most helpful and important for their children to understand about the situation

4. Explore these same issues with the other parent, kinship system, and significant adults in the child’s life

5. Explore with the child/children what they already know and what they are concerned about (depending on the circumstances include the parents in this discussion if possible)

6. Draft the explanation utilising the families’ own language and ways of expressing concerns wherever possible and bearing in mind family’s race culture and religion. Link all of the above to any worries/concerns about the children at home, at school, with peers, i.e., the context in which
the child might be expressing some of the worries or confusions. The explanation should be balanced and not solely focused only on the negative. The explanation should be framed with a neutral or affirmative beginning and a positive message at the end. The explanation should be interspersed with meaningful positive events in the child’s life that fit and add to the overall story.

7. Bring the first draft to the parents. Develop and refine the words so that they are comfortable with it and the explanation reflects what they feel the child should know.

8. Present the first draft to the parents. Develop and refine the words so that they are comfortable with it and the explanation reflects what they feel the child should know.

9. Once the parents take ownership of the explanation, the next task is to have a final conversation about whether the explanation captures everything social services would want the child to know.

10. Provide the explanation to the child/children with their parents, extended family, carers and social service workers present.

11. Ensure that all other significant extended family members and adults in the child’s life have seen the explanation and will draw upon it if they need to talk to the child about the problems the parents face and the reasons the child is in care.

8 Developing the Details of the Safety Plan

Although we have explored a distinction between safety goals and the plans to achieve these goals, when exploring these things with families one flows quickly into the other. What follows is a very typical sort of conversation between a professional and two parents we’ll call ‘Fred’ and ‘Wilma’ in a situation of alleged sexual abuse by one of the children against Fred which resulted in Fred leaving the family home:

Professional: So does that make sense to you Fred and Wilma that Fred can’t come back home until there are clear arrangements and rules in place that show us that Fred will never be alone with the children?

Fred: Sure we get that but how can you realistically expect us to live our lives without me ever being on my own with our three kids? That means I can’t do things like read them stories, can’t take them to school and lots of other things. You’re asking too much of Wilma.

Professional: Okay so its clear to me you understand what my supervisor and I are saying needs to be in place so that’s great. And you’re absolutely right Fred there’s an enormous amount of detail to get sorted out and it won’t be easy to get the rules sorted out and it’ll take time to show us you’re sticking to the rules. To create this sort of plan will mean some big changes in how you live your lives compared to how you did things when you were at home before Fred. Wilma what do you think, do you think its going to be possible to make these sorts of changes to show everyone Fred is never alone with the children?

Wilma: Fred’s right it’s a lot you’re asking, but right now I’m pretty much doing it all myself already. Its probably going to be hard to figure out but Fred can still do lots of those things with the kids we just need to set it up so me or someone else is there too.

This exchange is very typical of the sort of conversational flow moving between goals and plans and is also typical of the sort of concerns parents and their support people will raise as they struggle with how to create a plan that shows everyone the children will be safe in the future. It is important not to see challenges and difficulties parents raise as signs of their opposition. Effective safety plans require a lot of thought and they also require significant behavioural change on the part of the family. These things take a lot of thinking through. It is important that professionals who are guiding the family and their network expect and are comfortable with many challenges and questions from the family since these are the exact issues that need to be explored to create a more rigorous safety plan. Two very good examples of this sort of ongoing negotiation of challenges in creating safety plans can be viewed at...
Growing the Safety Plan

The central organizing question is, ‘What do you think needs to be in place to show everybody including the child protection professionals that the children will be safe and well looked after when they are (back) with you?’ The role of the professional is to constantly deepen the parents and networks’ thinking about what this involves in everyday life. This is done through asking questions that bring forward all the issues the professionals see might be in play, at the same time exploring the challenges the parents and network foresee. Throughout this process the parents and their network should be asked for their ideas about how these issues can be addressed and what rules need to be in place to achieve this. The trick here is for the professional to break the habit of trying to solve issues amongst themselves and instead explain their concerns openly to the parents and the network and see what they can suggest.

Here are a list of issues and elements, organised by case type, that typically need to be addressed in creating an effective safety plan.

Sexual abuse cases:
- Alleged perpetrator to not be alone with any children at any time.
- Identify the primary carer.
- Privacy.
- Who assists with clothing the children at night and after baths.
- Who is responsible for intimate care.
- Appropriate physical contact for the alleged abuser.
- Who is where in the rooms and spaces house, garden, garage, etc., when the children are home during the typical patterns of everyday family life.
- Transport arrangements for the children.
- Arrangements at school, clubs and other activities.
- Care arrangements when problems or difficulties arise such as an illness or hospitalisation of the primary caregiver or if safety network people are unable to fulfill their role.

Physical abuse:
- Methods of disciplining and restraining children particularly in the face of challenging and difficult circumstances and in the sorts of circumstances that lead to previous physical abuse.
- Intimate care.
- Care during stressful times e.g., feeding times, night waking, times of financial hardship, anniversaries of previous injuries or deaths and unexpected illness particularly to the primary caregiver.
- Arrangements for medical care and medicines.
- Acceptable and unacceptable rough and tumble play by adults with the children.
- Communication about disagreements between parents and with children.

Neglect:
- Careful exploration of typical times, events and triggers (for example mental illness, grief, developmental delay, alcohol/drug use etc.) that have typically led to previous neglect, then explore specific rules that detail how the parents will deal with and respond to these circumstances in the future to ensure the children get ‘good enough’ cared in these circumstances.
- Specific parenting routines and responses that need to be in place for the child to receive ‘good enough’ care, emotional security and stimulation.
- People in the safety network who will provide care, emotional security and stimulation if the parent(s) are unable to do so.
- Signs of others that problems are building and they need to step or act to make sure the children are okay and the problems don’t become worse.

Domestic violence:
- Careful exploration of typical times, subjects, events and triggers (money, jealousy, child raising,
drinking, depression etc) that have typically led to previous violence and specific rules that detail how the couple will deal with and respond to these circumstances.

**All Case Types**

All safety plans will typically incorporate rules regarding the following:

- Key safety people who the children can contact if they have any concerns.
- People to assist the parents and who will monitor children’s safety.
- People who will help out particularly if/when the primary carer is ill, under stress or unavailable.
- People the family/parents need to avoid.
- If professionals are to have ongoing involvement (for example in situations where parents have a developmental delay or suffer from ongoing mental illness) what their specific role will be and how that is directly connected to maintaining the safety and wellbeing of the child.
- Signs that parents/carers are not coping and what the safety network people and others will do in these circumstances.
- Arrangements for stressful situations such as anniversaries, parties, celebrations or when parents wish to use alcohol and/or drugs.
- Arrangements regarding other children, whether relatives or friends visiting or babysitting.
- The age at which young children/infants will have the words and pictures and the safety plan explained to them (for the first time or as a regular refresher) and who will take responsibility for the task.
- Child development and how the plan needs to change as the children grow.
- Plans for deepening the explanation the child is given about the past abuse/neglect and the subsequent events (such as child having lived elsewhere for a time) as the child grows older. Often a particular individual is assigned to take responsibility to see this happens.
- Incorporates one or even two family safety objects chosen by the children so they can communicate their anxieties without having to put their worries into words. The plan should detail how the child’s safety people will respond if the safety object is moved. It should be clear to everyone that if the child moves the safety object that’s all they have to do it is the adults’ responsibility to sort out the child’s worries.
- How long the safety plan must be in place for.

The chapter that follows this exploring the case of ‘Gary and Gina’ provides further ideas about creating more detail in safety planning in relation to a case involving concerns about previous threats to kill an infant, domestic violence and drug use.

**9 Dealing with ‘Denial’ Issues**

In child protection cases families and professionals almost inevitably have different views about the problem, which at its worst can escalate to the point of outright disagreement or dispute. In these circumstances professionals can find themselves trying to assert that their view as correct and if family members do not accept the professional perspective the family members are talked about as being ‘in denial’. Denial disputes typically evolve in cases of alleged sexual abuse or where parents are believed to have injured an infant where it is rare that parents will accept the allegations made against them by professionals. Other examples include parents disputing that behaviours such as violence, mental illness, drug use or drinking is affecting or might affect the children. Susie Essex and her colleagues (Essex et. al. 1996; Essex and Gumbleton 1999; Turnell and Essex 2006) have offered an alternative approach to dealing with ‘denial’ disputes. In a nutshell, Essex and her colleagues have proposed and demonstrated an approach based on professionals loosening their focus on getting parents to accept and admit to the professional account of the problem and its cause as essential to create future safety. Rather, this approach asks the parents to acknowledge the seriousness of the situation as the professionals see it even if they don’t agree with that perspective and invites the parents to work with the professionals on building future safety that shows everyone that the alleged abuse and concerns cannot happen in the future.
Many of the strategies and methods of dealing with ‘denial’ are embedded in the safety planning approach described in this workbook, including describing alleged child abuse behaviour and impact in straightforward language and providing a clear safety goal statements about what the professionals need to see to be willing to close the case. At its heart, Essex’s approach to denial is based on professionals loosening their investment in one account of the problem and being able to engage with multiple perspectives about child abuse concerns.

The following is a very good example of a child protection practitioner working with multiple perspectives to make head way in a situation where a father was charged with possessing child pornography.

An English social services worker was dealing with a situation where a father of an eight-year-old girl had been charged with possessing child pornography downloaded from internet websites. The worker had received some other, inconclusive information that suggested that the man had also shown some of the material. The man was pleading not guilty to the criminal charges, arguing he had visited sites ‘as research’, and was asserting that his daughter knew nothing and was completely unaffected by what he had done. At the same time, some of the worker’s colleagues were strongly of the view that not only did he have a large collection of computerised child pornography, the father was very likely also sexually abusing his daughter. There was however no evidence to confirm the latter.

The worker had initially found herself very frustrated with the case since she found herself repeatedly arguing with the man about the significance of what he had done. This situation changed when the worker began to talk to the man about multiple possibilities and perspectives. The worker began to reflect back to the father that she understood that his position was that he had only visited the websites as research and that he had not realized that he had downloaded material from them. She then asked did he understand how this explanation might sound to herself and her supervisor? In the course of the following conversations, the worker talked to the father about it being her job to consider the worst scenarios as well as make sure she understand his position. In this way, she talked about having to consider the possibility that perhaps what the father was saying was true, but that she had to also consider other possibilities. For example, the possibility that he was addicted to internet child pornography, the possibility that his daughter had seen the material and also the possibility that the man was sexually attracted to his daughter and actively sexually abusing her. In response, the man acknowledged that in the worker’s position he would regard what he was saying as suspicious, at one point going even further saying in her position he would probably remove his daughter into care.

In situations of disputed child abuse, statutory authorities will typically want parents to demonstrate an understanding of the dynamics that surround the alleged abuse and its impact on the children but this seems impossible when parents refute the professional allegations. Essex developed a radically different method for exploring these issues she calls a ‘similar-but-different role-play’. In the similar-but-different process, the parents role-play a different couple, in a similar family, facing similar issues to the alleged abuse, with the primary difference that in this hypothetical family the alleged perpetrator has admitted responsibility. In the role of the similar-but-different parents, the couple discusses and explores hypothetically the issues they have been unwilling or unable to overtly discuss in their own situation because of the ‘denial’ dispute. This similar-but-different process provides the parents with the opportunity to demonstrate to the child protection authorities that they can meaningfully explore issues associated with the alleged abuse without incriminating themselves.

This hypothetical method of discussing difficult issues is described in detail in Turnell and Essex 2006. While many professionals will not utilise the full similar-but-different role-play process understanding this method and Essex’s thinking often enables child protection professionals to approach parents and family members in ‘denial’ case more creatively and with a much lighter touch.

10 Monitoring Progress

Within the community of professionals using the Signs of Safety approach, safety is defined as ‘strengths demonstrated as a protection over time’. This is a definition that was created by Victorian child protection
professionals during the creation of the Victorian Risk Framework (Boffa and Podesta, 2004). The key components of the definition that need operationalising in any safety planning process is demonstration over time. To enable parents to demonstrate protection over time requires a clear sequential process that is monitored and supported first by professionals and then increasingly by people in the safety network.

As the safety plan is being developed it is important that opportunities are created for the family to be testing out and refining the new living arrangements, while their success and progress in using the plan is monitored by the network and child protection professionals. Most safety plans in high risk cases are created when the family is separated, either with the children in alternative care or the alleged abuser out of the family home. As the parents and family members engage in and make progress in the safety planning process it is important to demonstrate the statutory agency’s commitment to the process, reward the parents’ efforts and build their hope and momentum by successively increasing their contact with their children and loosening up the professional controls on the contact. Safety planning always involves risk and to be meaningful involves giving parents the chance to succeed in in a context where they may fail. All child protection interventions involve navigating risk and it is important that at each stage that the child protection professionals make sure enough support and monitoring is provided so that the risk in the particular situation can be managed. All of this should be discussed with the family so they understand the professional perspective.

Throughout the reunification process the child protection worker should regularly check in with everyone involved to make sure the safety plan is being followed. At each follow-up the worker would usually first spend time with the children, the safety network people and finally the parents. Difficulties following the rules should not be used to blame parents but be seen as an opportunity to deepen the plan.

Scales/Judgment

As the safety planning process unfolds and progress is made it is important to continually assess that progress in relation to getting the job done. In the Signs of Safety approach this judgment task should be grounded in continually reviewing all participants’ judgments on the safety scale. Usually where a child is in care and reunification is being considered the initial safety scale will likely range from zero which would mean it is clear reunification with the parents is not possible and other permanent arrangements will have to be made through to ten which signifies everyone knows it is safe enough for the children to return to live with the parents. This scale should be discussed regularly when the professionals meet with the parents and their network and hopefully as the safety planning work proceeds, all participants are able to observe a steadily increasing assessment to the point where reunification can occur. At the point of reunification where the child protection professionals will continue to monitor the situation it is often important to reconfigure the safety scale so that 10 becomes, ‘child protection is satisfied that the safety plan will continue to be followed and they can close the case’. The redefined safety scale should also be used as a mechanism for the department to discuss and define clearly for the parents what they need to see to be ready to close the case.

Progress is occurring, but will it be maintained?

In undertaking a safety planning process parents and their network will often make significant progress but professionals worry about whether they can maintain these changes. For example a parent who has struggled with excessive drug use may get their addiction and use under control and their care of their children and engagement with them may well improve significantly. The crucial point here is for professionals to bring this concern to the parents and the network, because this is an issue that the parents themselves need to address and find an answer for. A simple way to explore this territory is to create a confidence scale such as, When you think about the changes the parents have made from ten you are confident the parents can maintain these changes no matter what crises happen or what challenges life throws up and zero mean the changes are good but the parents and network won’t be able to keep them going, where do you rate the situation? In most cases that have any significant history of problems once change begins the issue of confidence is almost always a critical issue, the confidence scale gets this out in the open for everyone to consider and can be used to focus on the question, What needs to happen to be satisfied the changes will last?

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11 Involving Children

Given that safety plans are all about the children and are also about setting up family living arrangements so everyone knows the children will be safe and cared for it’s important to involve the children in the safety planning and make the process understandable to them. The Words and Pictures process is a centrepiece for providing children with an age-appropriate explanation of the child protection concerns so they understand what the safety planning is about. Creating the final version of the safety plan created by the adults in a words and pictures format with rules and drawings that are in language the children can understand will be explored in the next section. Before that it is worth considering ideas for bringing the children’s voice to the safety planning process.

The Three Houses


Using the Three Houses tool or an adaption of this tool with children creates the ideal context to bring the child’s perspective about the problems and what should be done to the parents and network (Turnell, 2011). Time and again bringing children’s own words and images of worries, good things and best hopes is far more effective than anything professionals might say in assisting parents and the network to think more deeply about what needs to be done to make their children both feel and be safe.

This is well demonstrated in the situation of a single mother called Tracey from Duluth, Minnesota who had struggled with a history of substance abuse and violent relationships. Tracey believed her seven-year-old was not really worried about living with her again. However, Tracey was reduced to tears when she saw her daughter’s three houses drawings and words that the girl had created with child protection worker Paula Stocke. The three houses clearly showed Tracey that her daughter was worried that her ‘mother might get sick again’, ‘will be friends with bad people’ and that she was worried because she didn’t know what had happened to her younger sister (who had been adopted). This created the impetus for the mother to engage much more deeply in the safety planning work.

As this example demonstrates, children often identify issues and triggers in ways that cut directly to the heart of the matter and have a powerful impact on parents. Children often identify things like: there being no food to eat, the power getting cut off, bad people coming to the house, being scared by fighting and yelling, a parent not getting out of bed. These issues can then be brought directly to the parents and network asking them to come up with their best ideas to demonstrate to the children that these things won’t happen in the future or if they begin they will be dealt with quickly. It is not just the worries children name that have impact, very often it is the good things the child identifies and their dreams and hopes that have an even more powerful and motivating impact for the parents and network.

Children’s Own Safety Plan

Once children have been involved in discussing the problems they can then be asked what they would want to feel safe. Roni Kerley, an Aboriginal Practice Leader from the Murchison in Western Australia involved three children in safety planning by directly asking them to write and draw specific rules for their
family immediately after getting them to describe the problems as they saw them. The situation Roni was dealing with involved a mother who would leave the family home to go drinking for many days at a time leaving the children in the care of the teenage older sister. The children described to Roni how worried they had been when the mother had gone for 6 days on the latest occasion because they had run out of food, one of the girls had been burnt when cooking and they couldn’t contact their mother and were worried about whether she was okay. After writing down their worries the three children worked together to write out six specific rules with drawings to illustrate each:

1. When Mum goes drinking she needs to get an adult to look after us
2. Mum needs to make sure we have plenty of food to fill us up and it will last
3. Mum should always answer her phone and never avoid any phone calls or messages
4. Always make sure we are safe and NO strangers come to the house
5. No drinking
6. If Mum does all of this I would feel very excited and wake happy and healthy

This shows how straightforward safety planning can be when professionals give children a direct voice. The most significant thing about the process Roni undertook with the 3 children was that their description of the worries and the safety plan they wanted was the shift in attitude and behaviour it generated in their mother. When Roni and her colleague Desley Hedges had initially spoken with the mother she was largely dismissing what the professionals were concerned about. When the mother and the friend she had brought to the meeting saw her girls’ descriptions of their worries and the safety plan rules in their language and images the mother was in tears and was ready to take the concerns seriously and make changes.

Safety House

Sonja Parker (Parker, 2010) has developed a Safety House tool that extends the Three Houses process and is designed to directly engage the children in exploring what they need to see to feel safe living with their parents. The child’s ideas can then feed into the safety planning work the parents and their network are undertaking with the professionals.

The Safety House is a visual device that asks the child to think about living with their family in a way that feels safe and explores five key elements with the child:

- What life will look like in the child’s safety house and the people who will live there.
- People who the child thinks should visit and how they should be involved.
- People the child sees as unsafe.
- Rules of the Safety House.
• Safety Path: using the path to the house as a scaling device for the child to express their readiness to reunite or safety they see in the family.

Undertaking the Safety House process with children should be done with full knowledge of the adults and with the children fully aware the parents are working with ‘safety people’ to create a new set of rules for their family so everyone knows the children are happy and safe. This creates a context where the child’s safety house can readily be brought to the parents and network and the child’s ideas can contribute directly to growing the final safety plan. This also underlines for the parents and network that the people they are ultimately most accountable to are not the statutory authorities but the children themselves. Doing this Safety House work with the children creates an ideal context to work with the parents and network in making sure the final safety plan is in a form they understand and addresses the child’s concerns.

12 Safety Plan in Child’s Language

A key mechanism for deepening the engagement of parent and network with the safety plan is to work with them on distilling all the safety planning work into a final safety plan with simple straightforward age-appropriate rules the children can understand. Pictures to accompany the rules are prepared by the family and professionals, and/or together with the children to make the plan more understandable, engaging and relevant to them.

The final safety plan is usually presented to the children at a big meeting attended by the parents, all of the safety network and the relevant professionals, which creates a sense of significance and importance about the plan. In preparing the plan for the children and presenting it to them, the parents must first think themselves into and then make commitments to live by these arrangements and rules in front of their children and people from their everyday life. This is a far more powerful process than having parents make commitments to professionals alone. Once the final safety plan is created the children are given their own copy and the parents are asked to place a laminated copy somewhere in the family home where everyone can see it, for instance on the refrigerator door.

There are a number of child-centred safety plans presented throughout this workbook. The one presented here is based on the work of Susie Essex amalgamated from a number of cases involving domestic violence. Drawing on this plan I want to briefly explore the use of a family safety object.

Family Safety Object and Safety People for the Child

Children who suffer child abuse often feel like they cannot tell anyone and also have the experience that if they do try and tell someone about their experience they are not believed. The family safety object was created by Susie Essex as a safety planning method to directly address this issue by creating a non-verbal means by which a child can communicate their worries to adults who they know will then take action to deal with their concerns. The whole process surrounding the safety object is designed to empower the child and break the sense of isolation that surrounds abuse that can be so devastating for children.

The children choose the safety object, where it is located, and who their safety people will be. Rule seven in the safety plan just presented details the use of the safety object in that case. A strong connection should be built between the child and their safety people during the process of creating the safety plan. This can be deepened and demonstrated by giving children the chance to playfully test out whether people are paying attention by moving the object and seeing how long it takes for the safety person to notice. Creating a family safety object that is placed in the family home it often takes on wider significance for everyone in and around the family providing a tangible reminder of the whole safety plan. Where it is felt that the child should have people outside of the home that they can ask for help if they are worried this can be achieved by using two safety objects as detailed in the safety plan presented on pages __ to __.

Some professionals worry that the safety object puts too much responsibility on the child but in fact...
children enjoy the sense of attention and power it gives them. In using the safety object it is vital that everyone understands that if the child moves the object, that’s all the child has to do; it is the adult’s job to ask the child what they are worried about and to make sure the child’s worries are sorted out. The use of a safety object should always be created as part of the wider safety planning process that describes and explains to the child in detail what the adults will do to make sure they are safe and thus the safety object creates a sense of the child being surrounded by people that will ensure they will be well cared for.

Conclusion: A Safety Plan is a Journey Not a Product

The most important aspect of the safety planning proposed here is that the plan is co-created with the family and an informed safety network, it is operationalised, monitored and refined carefully over time and the commitments involved in the plan are made and owned by the parents in front of their own children, kin and friends. This is not something that can be done in one or two meetings and a safety plan that will last, most certainly cannot be created by professionals deciding on the rules and then trying to impose them on the family. Meaningful safety plans above everything are created out of a sustained and often challenging journey undertaken by the family together with the professionals focused on the most challenging question that can be asked in child protection; what specifically would you need to see to be satisfied this child is safe?