

BENCH CARD: Safety Organized Practice

What is Safety Organized Practice?

The term “Safety Organized Practice” was first used by Andrew Turnell to describe an approach to day-to-day child welfare casework. The practice is designed to help all key stakeholders involved with a child – parents, extended family, child welfare workers, supervisors and managers, lawyers, judges, other court officials, and even the child themselves to keep a clear focus on assessing and enhancing child safety at all points in the case process. This adapted approach integrates the best of:

- **Signs of Safety** – A strengths and solution-focused child welfare practice approach, with;
- **Structured Decision Making (SDM)** – A set of research-based decisions and support assessments designed to create a rigorous child welfare practice model.

Overarching Objectives

- **Development of Good Working Relationships:** Using a spirit of curiosity, practices of family engagement, and a shared language for important child welfare concepts to help create good working relationships among all key stakeholders involved with a family.
- **Use of Critical Thinking and Decision-Support Tools:** Helping all stakeholders use the best of their experience and the best of state-of-the-art child welfare research to jointly assess family situations and arrive at clear statements of both the danger to the children and the goals for a child welfare intervention.
- **Creation of Detailed Plans for Enhancing Daily Safety of Children:** Creating jointly developed, understandable, achievable, and behaviorally based plans that include all stakeholders and clearly show how the protection of children will be enhanced on an ongoing basis.



Safety is:

Actions of protection taken by the caregiver that mitigate the danger demonstrated over time.

Definitions:

Harm – PAST actions by a caregiver to a child that hurt the child physically, emotionally, or developmentally.

Danger – Credible concerns that child welfare or members of the child’s community have about the caregiver’s FUTURE actions that may harm the child.

Risk – The statistical likelihood that a child may be harmed in the future.

Complicating Factors – Literally anything that complicates efforts to make the child safe, excluding direct harm to the child by the caregiver.

Safety – Actions of protection taken by the caregivers that directly address the danger and are demonstrated over time.

Strengths – Coping skills/qualities in an individual or a family that contribute in positive ways to family life but do not, in and of themselves, directly enhance protection of children from the danger over time.

Solution-Focused Interviewing – Approach or interviewing practice based on a simple idea with profound ramifications: the areas people pay attention to grow. It highlights the need for child welfare professionals to ask families about their “signs of safety” in as rigorous way as their “signs of danger” and provides a series of strategies (exception questions, relationship questions) to help do this.

Current state of the practice: Nebraska has been implementing SOP across the state since 2019. Training consists of a 1-day overview and 12 modules which takes approximately 1 year to complete. Nebraska is currently transitioning from a “try-it on” model to a practice model that is being incorporated into policy and procedures.

Creating Detailed Plans for Enhancing Daily Safety of Children

Clear Agency and Family Goals: Child welfare goals are often service driven rather than safety driven. Everyone working with a family in an open child welfare case should be able to articulate what needs to happen for the case to close and for protection to be demonstrated. These goals should: 1. Address the danger statement; 2. Be collaborative, created with the family members when possible; 3. Be written in clear, everyday language; and 4. Describe the presence of new, observable behaviors or actions (particularly behaviors with the children) rather than simply the absence of old, problematic behaviors.

Building Safety Networks: “It takes a village to raise a child” is never truer than in child welfare work when caregivers have been found to be a danger to their children. Drawing on much of the wisdom of Family Group Conferencing and Team Decision Making approaches, this model offers strategies for building a network of people around the child, communicating the danger statements to them, and enlisting their help in developing and implementing plans that keep the children safe.

Behaviorally Based Case and Safety Plans: Case planning must be more than just a list of services in which a family has agreed to participate. A key observation is that services and safety are not the same thing. Services in this framework are a means to an end—that end being actual safety for the child. Case plans and safety plans must include detailed actions to which parents and extended family members have agreed in order to show everyone involved that the child will be safe.

Common SOP concepts and tools to look for



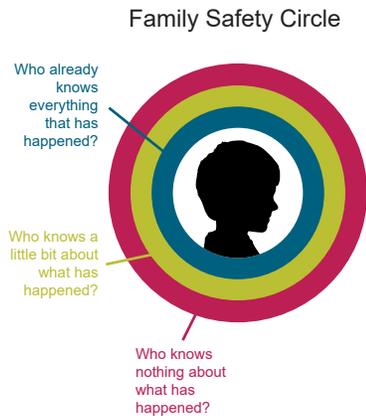
Harm, Danger, and Safety Goal Statements

Harm and Danger Statements can be found in safety assessments, case plans, family team meetings and court reports. Safety Goals can be found in case plans, safety plans, family team meetings and SDM assessments.



Safety Networks

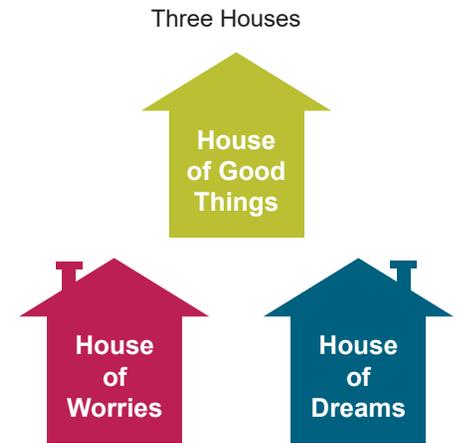
Safety Networks are a family's informal support system that are actively involved supporting the family in ensuring safety for their children. Each Safety Network participant's role will be different and specific to the family's situation and the participants' suitability. Safety Networks are crucial to ensuring safety while Child Welfare is involved and after case closure. Helping a family to build a safety network is a prevention service.



Three Questions

1. What is working well?
2. What are we worried about?
3. What needs to happen next?

This concept can be used in many different ways. It can be the foundation of family team meetings and home visits with parents, foster parents & youth.



Visitation Planning

Parenting time is a necessary and valued part of family-centered services and allow parents to strengthen and demonstrate protective capacities. Parenting time planning is essential and must occur within 48 hours of a child's removal from their parents' care. Parenting time expectations must be developed with the parents' input and clearly communicated with the parent, CFSS, caregiver and parenting time supervisor. The parenting time plan will be continuously assessed for progress and changes made as needed.

