Safety Planning Across the Continuum

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“What’s in place right now that will keep the things that brought this family into our agency from happening again tonight?”

• “They know someone’s watching.”
• “They’ll get arrested if they do it again.”
• “They’re afraid their children will be removed.”
• “They know now that what they did isn’t okay.”
• “The parents have promised not to do it again.”
Thinking Differently

• You wouldn’t think any family would need rules that forbid hurting other family members.
• Yet even when children have been hurt, it turns out that behavioral safety rules that are clear to parents and children and enforced by relatives, friends, and neighbors can be a direct, simple, and effective way to keep children safe.
• Given anything simple, we can find countless ways to make it more complicated,

• We have a really hard time letting people come up with and try out their own solutions, instead of using ours.

• We are incredibly committed to the belief that service providers can and must find and fix the causes of maltreatment.
The Value of Services

- Parent training, therapy, medication, chemical dependency treatment, anger management, domestic violence treatment, and many other services can be truly helpful and even life saving to people who want to be better.

- Service providers can often motivate people who are coerced into taking the service to want to be better.
Changing Others with Services

• The problem with services occurs when we try to use them to change someone else.

• Even when parents seem to us to have really changed, we still aren’t very good at telling for sure if the changes will last after the case is closed.

• And so as we will see, services don’t necessarily keep children safe.
DeShazer’s Insight into Erickson

• In the book, “Words Were Originally Magic”, Steve DeShazer says he spent years studying Milton Erickson to understand his success.

• Then he saw that Erickson simply stayed on the surface of things. Erickson helped many people get better and stay better and never even tried to fix the cause of their problems.

• Solution-Focused therapy grew out of this understanding.
African Violet Story

- Erickson once went to the home of a depressed elderly relative of a friend.
- She only left her house for church – went late & left early to avoid having to talk to anyone.
- Her home was dark, gloomy and depressing - except for a room full of gorgeous violets.
- Whenever there’s a birthday or wedding at church, send the person one of your beautiful flowers as a gift.
- Became known as the flower lady and mourned by thousands at her funeral.
Cognitive Behavioral Therapy

- CBT is the most widely used form of therapy.
- It has the strongest evidence base.
- The foundational insight in CBT is change your thoughts to change your behavior.
Motivational Interviewing seeks to express acceptance and affirmation while reinforcing the person’s desire, intention and ability to change.

Like safety planning, all of these approaches are about creating a vision for a better life and making it happen, instead of trying to change the things that made life the way it is.
Safety Planning Components

Safety planning as we do it in Carver includes:

• a clear strengths-based risk assessment tool that incorporates children’s words and collective judgments about safety (Map),

• a story about replacing harm and danger with safety and security that the youngest child in the family can understand, (Words and Pictures Story) and

• a written plan, with the children at the center, that demonstrates safety over time. (Safety Plan)
Risk Assessment

<table>
<thead>
<tr>
<th>What are we worried about?</th>
<th>What do we need to do? Goals and next steps</th>
<th>What do we have going for us?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judgments of Children’s Safety and Well-Being</td>
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<tr>
<td>Assessments of Willingness, Confidence, Capacity</td>
<td></td>
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<tr>
<td>Unconditional Positive Regard for Participants</td>
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</tbody>
</table>
The Map

- Organizes our information
- Summarizes the agency’s current assessment of the family situation
- Must be updated regularly to reflect new understanding
- Keeps the focus on building safety to the harm and danger.
- Guides the work and the worker.
<table>
<thead>
<tr>
<th>Concerns</th>
<th>Safety goals:</th>
<th>Strengths</th>
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<tbody>
<tr>
<td>On 04/03/2015, CCCSS received a report of several pictures of Child 1 and Child 2 from 2014. Child 1 told the reporter “Daddy kicked him off the bed” in May of 2014. Two corresponding pictures were attached of Child 1 with a bright red pattern mark on his back and some bruising that could be consistent with a shoe print. The other pictures received were of Child 2 and Child 1 with bruising to their faces/both cheeks in 2014. On 02/27/2015 a bruise the size of a nickel was observed on Child 1’s left cheek. Dad denied knowing where the bruise came from and was highly agitated that he would be asked about a bruise on his child’s face. Dad mentioned a couple of different possibilities however, including that Child 1 sleeps on toys in his bed and also that his bed has a wooden piece at the end of it that Child 1 may have bumped it on. 02/24/2015 CCSO/CCCSS received a report that in 2012 bruising had been noticed on then about two and about one year old Child 1 and Child 2’s faces. Since 2012 bruising on Child 1 and Child 2 has been observed at least twice. Those times Child 1 said that his dad grabs him around the mouth and squeezes. On 02/22/2015 bruising was noticed around Child 1’s cheeks. Child 1 reported “daddy threw me on the bed”. The children seem to get injured when their mother is not around. 01/31/2015 CCCS report-Report that Dad is intoxicated and fell down the stairs. He is attempting to leave in his vehicle. LE spoke to both parties. Dad was intoxicated and in bed at the time. He was going to leave but decided to go to bed. Parties were separated. 01/10/2015 CCSO is contacted at 8am because Dad had thrown coffee mugs at Mom. Mom was trying to get the three children, three week old Child 3, one year old Child 2, and four year old Child 1, out of the house. Child 1 was heard by LE stating, “Daddy was doing it.” When they entered the home. Mom got up to nurse Child 3 and Child 2 was crying. Mom wanted Dad to get up and get Child 2 and a verbal argument started. Mom started to leave and Dad threw three coffee mugs at her. Mom stated Dad then started following Mom around calling her names. Dad called Mom a “lazy bitch” and reports he has called her these names in the past. Child 1 was downstairs at the time. The other children were upstairs. Mom stated things like this.</td>
<td>• Safety Goal #1:</td>
<td>• Dad and Mom allowed CCCSS to see the children on 02/27/2015 to ensure they were all okay and healthy and to see what the mark on Child 1’s face looked like.</td>
</tr>
<tr>
<td></td>
<td>• Safety Goal #2:</td>
<td>• Mom is working.</td>
</tr>
<tr>
<td></td>
<td>Worry Statements and Bottom Lines -CCCSS is worried that if Child 1, Child 2 and Child 3 are around domestic violence and loud fighting that is so bad the police are called. We are worried the kids will repeat the pattern of domestic violence and in their relationships, learn that the world is a scary place, could get physically hurt and not develop to her full potential. The kids are so little and vulnerable their risk of getting hurt if adults are not thinking clearly is very high since they are always around and are fragile. Research shows that repeated exposure to domestic violence and chaos changes a growing child’s brain development and wires their brain for trauma and repeating the behaviors they are witnessing. CCCSS is worried that even though Mom and Dad love their children very much sometimes things are so overwhelming and if the children act up they are treated too roughly and get hurt accidentally like when Child 1 had the bruise on his cheek. Research also tells us that there is a correlation between domestic violence and child abuse and the children are so little they could get really hurt if someone was mad at them physically, even if it was an accident.</td>
<td>• Child 1 is in a preschool program and Child 3 and Child 2 are in daycare.</td>
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<tr>
<td></td>
<td></td>
<td>• Mom has a history of leaving sometimes to separate from Dad and allow things to cool down. Typically Dad lets her leave with the children.</td>
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<tr>
<td></td>
<td></td>
<td>• Mom has a relationship with her mom and her mom sees the kids often.</td>
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<tr>
<td></td>
<td></td>
<td>• Mom is very insightful about her relationship with Dad and understands that she can want to leave and be honest one day and then another day want to make the relationship work and minimize the situation and blame herself.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Even though Mom is very worried about CCCSS “taking her children away” she still is honest and open about the troubles they are having because she wants help so everyone can be safe and healthy.</td>
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</tbody>
</table>
have happened before. When Dad was telling LE that Mom was "swinging, freaking out and throwing things" Child 1 began to comment, “no daddy did it, daddy did it. No, mommy didn’t throw the stuff." Dad also denied throwing coffee mugs despite a crescent shaped dent in the drywall and broken pieces of coffee mugs noted in the home. Pieces of broken mug did not fit together and it appeared Dad had hit some of the pieces of other mugs. Noted on Dad was blood on the inside of his sleeve, on the upper arm of his right sleeve and a cut on one of his knuckles on his left hand.

- Mom reported to officers that Dad has thrown things in the past and on one occasion Child 1 was hit by an object in the neck.
- On 06/07/2014 CCSO was contacted after a report of neighbors fighting. A female was heard screaming, “Don’t touch me!” and then something was heard hitting a wall. The parties were Mom and Dad. They told LE that they were arguing over a high electric bill and that pillows were thrown.
- 27 FA 13-2125 OFP filed alleging Dad hit Mom in the face and pushed her into a door and wall while she was holding Child 1 on 03/23/2013. Mom is also pregnant with Child 2 at the time.

### Complicating Factors

- Mom’s parents do not accept Dad and do not allow him to family functions like Christmas celebration.
- Dad does not want to cooperate with CCCSS.
- Mom goes back and forth about staying in a relationship with Dad and leaving. She knows leaving will be very hard because she would be a single mom of three and cannot afford it and Dad has told her it will “be a war” and he did make it this way the last time she tried to separate.
- Mom has left Dad 7-8 times in the past couple years.
- Mom and Dad want to move and do not believe there are any concerns for their children at this time.

### Next Steps

- Mom planned for all of her children.
- Mom hears Dad tell Child 1 “I love you” and also Dad will play with Child 1 when he gets home from work like wrestle with him.
- After a fight Mom and Dad are able to talk about what happened sometimes. Mom thinks about the ways she could have acted differently.

The children need to be removed from the home for their own safety. The children are safe enough for us to close the case.
### Goals

<table>
<thead>
<tr>
<th>Worry Statements and Bottom Lines</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Collect detailed behavioral descriptions of harm and danger.</strong></td>
<td><strong>4. Invert harm and danger statements into agency safety goals.</strong></td>
</tr>
<tr>
<td><strong>2. Add exceptions and strengths.</strong></td>
<td><strong>8. Do just a little more of what’s already working.</strong></td>
</tr>
<tr>
<td><strong>3. Summarize agency worries into harm and danger statements.</strong></td>
<td><strong>6. Add detail about what brings everyone up to their numbers on their scales.</strong></td>
</tr>
<tr>
<td><strong>7. Describe any new worries.</strong></td>
<td><strong>5. Put the safety goals into Scales</strong></td>
</tr>
<tr>
<td><strong>9. Scale again – repeat steps 6, 7, 8, &amp; 9 until safety goals are attained.</strong></td>
<td><strong>10. The children are safe enough for us to close the case.</strong></td>
</tr>
</tbody>
</table>

| The children need to be removed from the home for their own safety. | 0 | | 10 | The children are safe enough for us to close the case. |
'Three Houses' Child Protection Risk Assessment Process to use with Children and Young People
Created by Nicki Weld, Wellington NZ

Children’s Version of the Signs of Safety Map

- House of Worries
- House of Good Things
- House of Dreams

On 3 separate pieces of paper draw with the children their experience and vision of each house. Use these drawings with the adults in deepening the assessment and planning process.

More Info: [www.signsofsafety.net/Around_the_World.html](http://www.signsofsafety.net/Around_the_World.html) - New Zealand: Child Youth and Family
Presenting Problem: Alleged child maltreatment.

Description of Need: On 10/20/14, Scott County Sheriff's Office, responded to a call from who was reporting that her six year-old son, Brother 1 had been abused by his father. The child was being stuck in the back repeatedly and also said his ear was pulled. LE reported marks were noted on the child's back and ear, and photographs were taken. Mom also has an eight year-old son Brother 2. This incident took place a Scott County where children visit father. The children live primarily with mother in See attached information and photographs.

Program: Child Protective Services

Close Reason: Open for assessment - Intake complete

Close Date and Time: 10/30/2014 10:19 am

Comments: Report called in by Deputy P and Scott County Social Services. This report alleges physical abuse and will be opened to Jill DeMars (X1703) as an FA. Fax to Scott County Sheriff's Office - Att: n. Children attend and arrive home around
wishes

Mom

Dads

happy gonna get me sleeping crazy hair
dad hurted brother (and I was scared)
worries

roll off the bed

bad dreams
House of wishes-

brother 1

Brother 1 makes sure me and 'brother are safer

yells more than, sometimes he hurts us

sometimes he yells at us

brother 2 dares me... dad gets spankings

Last time he hurted me more

this time he got madder- he hurted me

I don't think he will do it again

Do you want to see your dad? Yeah
Mom's cookies, video games, play with child support by herself. Want to see dad again.

My dad says he will cut off parts of my body, ear, private parts. I think he means it - he says that's what happens if you lie in Africa.

I don't want to see him again because he hits my brother's head.

Ee. My dad being playful. Mom told you me that dad starts fights. I would feel happier if mom didn't talk about dad.
Brother 1: 8, Brother 2: 6
Sunday - saw lying told that Dad didn't like him.

Brothers were fighting in the backseat.

Neighbor saw the incident.
The Hardest Part

• It’s just not possible to collect all of the available information about the harm and danger children have experienced without being harshly confronted by the number of children we simply haven’t kept safe.

• We are about to tell a true story of one of Jill’s families that just moved to Carver County. The details are stripped bare to protect the innocent.
<table>
<thead>
<tr>
<th>Date</th>
<th>Issue</th>
<th>Date</th>
<th>Issue</th>
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</thead>
<tbody>
<tr>
<td>2/10</td>
<td>sex abuse</td>
<td>3/13</td>
<td>educational neglect</td>
</tr>
<tr>
<td>3/10</td>
<td>neglect</td>
<td>3/13</td>
<td>physical abuse</td>
</tr>
<tr>
<td>3/10</td>
<td>unexplained burn</td>
<td>10/13</td>
<td>physical abuse/medical neglect</td>
</tr>
<tr>
<td>5/10</td>
<td>23 unexcused absences</td>
<td>11/13</td>
<td>educational neglect</td>
</tr>
<tr>
<td>4/12</td>
<td>physical abuse</td>
<td>12/13</td>
<td>educational neglect</td>
</tr>
<tr>
<td>8/12</td>
<td>sex abuse</td>
<td>3/14</td>
<td>physical abuse</td>
</tr>
<tr>
<td>10/12</td>
<td>neglect</td>
<td>5/14</td>
<td>neglect</td>
</tr>
<tr>
<td>3/13</td>
<td>neglect</td>
<td>8/14</td>
<td>physical abuse and neglect</td>
</tr>
<tr>
<td>Date</td>
<td>Type</td>
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<td>Type</td>
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</tr>
<tr>
<td>9/14</td>
<td>physical abuse</td>
<td>3/15</td>
<td>sexual abuse</td>
</tr>
<tr>
<td>9/14</td>
<td>physical abuse</td>
<td>4/15</td>
<td>neglect</td>
</tr>
<tr>
<td>12/14</td>
<td>neglect/prenatal</td>
<td>5/15</td>
<td>neglect</td>
</tr>
<tr>
<td></td>
<td>exposure</td>
<td></td>
<td>5/15</td>
</tr>
<tr>
<td>12/14</td>
<td>physical abuse</td>
<td>7/15</td>
<td>physical abuse</td>
</tr>
<tr>
<td>1/15</td>
<td>physical abuse</td>
<td>7/15</td>
<td>physical abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8/15</td>
<td>neglect</td>
</tr>
</tbody>
</table>

28 reports in 4 different counties over a span of 5 ½ years
Social Work History

- 11CP assessments – 2/10, 5/10, 3/11, 4/12, 10/12, 3/13, 10/13, 11/13, 3/14, 4/15, 8/15
- 3 rounds of CP Casework, 2/10-3/10, 3/10-12/11, 11/13-present,
- CW casework, 9/14-11/14,
- CMH casework, 2/15 to present
- CMH casework 6/15-present
## Placements

<table>
<thead>
<tr>
<th>Age</th>
<th>Placement 1</th>
<th>Placement 2</th>
<th>Placement 3</th>
<th>Placement 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 yr old</td>
<td>3/10</td>
<td>9/10</td>
<td>9/14</td>
<td>3/10</td>
</tr>
<tr>
<td>8 yr old</td>
<td>3/10</td>
<td>9/10</td>
<td>9/14</td>
<td>3/10</td>
</tr>
<tr>
<td>6 yr old</td>
<td>9/10</td>
<td>9/14</td>
<td>9/14</td>
<td>3/10</td>
</tr>
<tr>
<td>9 yr old</td>
<td>2/10</td>
<td>3/10</td>
<td>9/14</td>
<td>2/10</td>
</tr>
<tr>
<td>7 yr old</td>
<td>3/10</td>
<td>9/10</td>
<td>9/14</td>
<td>3/10</td>
</tr>
<tr>
<td>4 yr old</td>
<td>9/10</td>
<td>9/14</td>
<td>9/14</td>
<td>9/14</td>
</tr>
<tr>
<td>2 yr old</td>
<td>9/14</td>
<td>9/14</td>
<td>9/14</td>
<td>9/14</td>
</tr>
</tbody>
</table>
Revolving Door of Services

Psychological evaluation
Parenting Assessment
Domestic Violence Treatment
Psychiatry and medication
Adult Mental Health Rehabilitation Services
In-Home therapy
Out-Patient Therapy
Play Therapy
Life Skills
Day Treatment
Mentoring
What difference would it make for children, parents, our system, and our society if we were able to create lasting safety from our first contact?
Safe Enough to Leave the Home

• There is a significant gap between children in imminent danger who need to be removed and children who are safe enough that CP services aren’t needed.

• We’ve traditionally left these children at home while we arranged for services.

• If the social worker leaves the home while the children remain in danger, how can we go back with integrity to insist on safety?
SDM Safety Assessment

- The child’s vulnerability
- Violent or out-of-control behavior by caregiver
- Unrealistic expectations or negativity toward the child by the caregiver
- Actual or threatened serious physical harm
- Child cannot be seen or family refuses access
- Lack of supervision
- Lack of food, shelter, clothing, or medical care
SDM Safety Assessment, cont.

- Caregiver’s history of maltreatment is cause for concern
- Child is fearful of caregiver or others in the home
- Physical living conditions are hazardous or threatening
- Child sex abuse is suspected
- Caregiver’s drug or alcohol abuse impairs parenting
Providing Safety – Preventing Placement

• Transparent conversations with parents about the harm and danger we see.
• Giving parents the opportunity to come up with their plan for their children’s safety.
• Insisting that parents immediately contact people to help them figure out a plan for their children’s safety.
• Calling a supervisor or colleague to make sure immediate safety plans are rigorous enough before leaving the home.
Current report is for neglect, educational neglect, number of prior assessments, prior CPS history, number of children in home, age of youngest child, child has a disability, number of adults in home, age of primary caregiver, history of domestic violence, alcohol/drug abuse in past year, caregiver with mental health problem
Current report is for abuse, physical abuse is determined, number of prior assessments, previous child protection case, number of children in the home, caregivers abused as children, caregiver lacks parenting skills, harmful discipline is used, history of domestic violence, over-controlling parenting style, child has a disability or is delinquent, caregiver with mental health problem, alleged offender is unmarried partner
Caregiver has not, or will not, provide supervision necessary to protect child from potentially serious harm

- The need for care goes unnoticed or unmet (e.g., although caregiver is present, child wanders outdoors alone, plays with dangerous objects, plays on unprotected window ledge, or is exposed to other serious hazards).
- Caregiver leaves child alone (time period varies with age and developmental stage).
- Caregiver makes inadequate and/or inappropriate babysitting or child care arrangements or demonstrates very poor planning for child’s care.

Parents’ whereabouts are unknown.
SDM classifies risk - low, medium, and high.

Whenever there’s high risk, a safety plan is necessary.

What the tool doesn’t tell us is when we need to insist that the parents get about 30 people over right now, create an immediate and robust safety plan, and follow it closely, so we don’t have to make arrangements for the children to be safely and permanently parented by another family.
Words and Pictures

• Susie Essex describes being influenced by John Byng-Hall, an English family therapist, as she developed the vision for Words and Pictures stories.

• Byng-Hall was in turn influenced by research on attachment conducted by Mary Main.

• Main discovered that parents who had troubled childhoods often had unattached children who were as troubled as they were.
Main found some parents with very painful childhood experiences could tell a coherent story. They were in touch with their feelings, understood their parent’s challenges, and acknowledged their role in what happened.

Their children were securely attached.

Dr. Dan Siegel, renowned neuropsychiatrist, says Main’s research has been replicated so often there is no doubt; a coherent story enables healthy parenting.
Words and Pictures

• The story provides everyone with the words to use in talking with the children.

• When the parents and social worker can agree on the words in the story, we know there is at least a beginning partnership around future safety.

• Parents have words to use when they ask people they trust to participate in the safety network for their children.
• People being asked to be on a safety network can get a clear idea about the harm and danger the children have experienced so they know what needs to be different.

• The story becomes the foundation of the safety plan. As the safety plan is developed the story is often extended using similar language and pictures so the children know exactly what is being done to keep them safe in the future.
Some Parents See Their Story

• Many times parents and relatives see the parent’s own story in the Words and Pictures story for their children.

• *Story* - Mom who’s dad left when she was a month old. Her 4 children’s dads did too.

• Social Workers see tears, hear wishes that this work had been done for them, and our hope in this is for meaningful movement toward a coherent story of their own.
<table>
<thead>
<tr>
<th>Words and Pictures</th>
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<th>Words and Pictures</th>
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<tbody>
<tr>
<td>Mom and dad have different stories about what happened in dad's cab, but they all agree that it was scary for and taxi.</td>
<td>Social worker, Jill, talked to and about the things they don't like that mom and dad do and say, and shared some rules that would make them feel safe at both homes. Rule #1: Nobody is allowed to say they will cut off any body parts. Rule #2: Mom is not allowed to talk about adult things like money worries to and Rule #3: Both mom and dad are not allowed to say bad things about each other.</td>
<td>Everyone wants and to know that both mom and dad love them very much. Even though they don't live with mom and dad together anymore, they can still love mom and dad at the same time.</td>
</tr>
<tr>
<td>Dad</td>
<td>Taxi</td>
<td></td>
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</table>
Jill DeMars

A couple years ago, mom and dad decided they needed to live in different places. Even though some moms and dads don't live with each other anymore, they always love their kids forever and ever. Mom and dad decided it would be best for [___] to be able to see mom and dad equal amounts of time. This is why [___] lives with mom half the week and dad the other half.

Mom was worried about her safety, so she asked a judge to tell dad he can't see or talk to mom. If dad doesn't listen to the judge, he will need to spend a little time in jail, like he did last week. This makes the social worker, [___] and mom sad because they want dad to listen to the rules and spend time with [___].

Mom's house

Dad's house

The social worker met with mom and made rules. Rule #1 is that mom and dad are not allowed to talk to [___] about each other. Rule #2 is that mom and dad are not allowed to have adult conversations with [___] or where she can hear them.

Everyone wants [___] to know that both mom and dad love her very much, and even though she doesn't live with mom and dad together anymore, she can still love mom and dad at the same time.

Sometimes mom and the social worker get really worried about [___] because dad will say mean things about mom and [___]. Sometimes dad also talks to [___] about adult conversations like money and jail. Mom and the social worker are worried because [___] will sometimes cry at home or in school because she is so worried about these adult things. Everyone wants to make sure that [___] doesn't hear adult conversations that are confusing.

Rule #1

Rule #2

Adult conversations
Dreams
- lots of cats
- computer
- TV
- own bed
- Mommy and [redacted] getting married

Worried:

wrote on his bed "d.ie."
drew evil

not him live with grandma

she gives boys, she's nicer to boys than girls
Best Hopes for Words and Pics

- We hope that by providing children a coherent story about their childhood trauma at our earliest opportunity, we immediately set them on a path toward health.
- We hope these stories reduce behavior problems, mental health diagnosis, accidents, untimely deaths, and other known effects of adverse experiences.
- We hope to see future research around these possibilities.
Finding Strengths

• “The simplest way to create a good working relationship with parents is for the professionals to continually identify and honour the parents for everything they can see that is positive in their everyday care and involvement with their children. In this way parents will be much more likely to listen to the workers’ views about the problems and more likely to work with them through the challenges involved in building a lasting safety plan.”

Andrew Turnell
SDM Strengths and Needs Assessment

- Cultural Identity
- Household relationships - domestic violence
- Resource management – basic needs
- Alcohol and drug use
- Mental health – coping skills
- Social support systems
- Physical health
- Parenting skills
- Education
- Child Development
Safety Planning

- All key professionals must be committed.
  - *Story* of elaborate safety plan when GAL and our Attorney wanted the cause fixed first.
- Start safety planning as early as possible.
- Involve an intensive, informed network.
  - The greater the risk, the larger the network
- See what ideas family and network members can come up with to create safety.
Parents and network members must:

- Track positive change
- Respond to crisis to insure child safety
- Respond to identified triggers
- Address social isolation
- Adjust the plan as things change
- Remain firmly committed to the children’s safety for the rest of their childhood
Mom stayed with Nana and Papa for a few days while everyone worked on a plan to help the family stay safe. Mom came home and was VERY HAPPY to see [redacted].

[redacted] came up with his own rules for his family when he spoke with Carole:

1. NO ARGUING.
2. NO BAD WORDS.
3. NO SLAPPING.
4. NO PUNCHING, HITTING OR YELLING.
5. NO STOMPING AROUND.

Everyone thought these were GREAT RULES!

If Mom, Dad or [redacted] ever think anyone is breaking the rules, they will say:

STOP TALKING

to stop the talking.
Nana and Papa will check in with [redacted] every week and [redacted] and [redacted] will also call or see [redacted] to ask him how he’s doing and see if he has any worries.

I'm GREAT Nana and Papa!

[redacted] just needs to ask Mom or Dad for their phone!

[redacted] can also call them anytime he wants to talk or has worries.

If all the rules are followed, [redacted]'s family will be just the way he wants it to be!!!!!!

We love boating!
safety plan:

* Disclaimer* This plan was created with the safety network on 5/13/13 and was updated with the safety network on 8/5/12. Everyone understands that many of these worries are no longer valid as situation has changed, however, does understand we need to create plans to ensure the children are safe in the future.

1. The safety network is concerned:

   CCCSS is worried and could be hurt again by or someone else like when was allegedly taped up, locked in a closet, soap put in her mouth or hit on the head or when all of the kids were spanked with paddles.

To prevent this from happening we will:

**Bottom Line:** There will be no physical abuse or physical discipline on any of the kids for any reason.

   a. Will use alternate forms of discipline/consequences such as time outs, removal of privileges/possessions/activities, extra chores, so on.
   b. If becomes too overwhelmed with the children someone else will take over the parenting to give a break, such as also calls for parenting advice and to vent about behaviors and she could see herself calling.
   c. The children will only be cared for by sober caregivers. has stated the children have never been physically harmed by a sober caregiver, this only occurred when the caregiver was high or drunk.
   d. When is becoming too overwhelmed her voice will have a frustrated tone, she throws her hands in the air and says she gives up, begins to get crabby at everyone around her and she gets defensive and “short” with people.
      a. If this happen: wants people to step in and give her a break (such as distracting the kids or taking them outside).
      e. parents and teps in when the kids are not listening to allows other adults around the children to discipline the children as needed so on).
If physical abuse/discipline does occur we will:

a. When people on the safety network see the kids they will check in with the kids to see how things are going in the home. If there is a concern of physical abuse/discipline the safety network will call __________ to talk about the concern and then will call to check in with others on the safety network. If stories are not matching up or if the SN person is still concerned, has given permission for that person to keep the children with them until the SN can meet with __________ to discuss a plan to ensure the physical abuse/discipline will not happen again.

b. At the SN meeting a plan will be created to ensure the children’s safety. Once the SN signs off on the plan the children can return back to

2. The safety network is concerned:

CCCSS is worried __________ and __________ will be exposed to criminal activity by __________ or __________ to include: going along to pharmacy’s to pick up prescriptions with forged documents or witnessing __________ or __________ get arrested and could become afraid or worried.

To prevent this from happening we will:

a. __________ currently not on any prescriptions and should not be going to the pharmacy for any reason, unless a new prescription is given by a Doctor for her or the children.
b. is staying clean and sober. This has been verified by random UA’s and a hair follicle test in April 2012.

c. states she stays sober by: working, staying busy, thinking about her kids, hanging out with sober friends, calls her sober sisters, attends NA on some Sunday’s, she does not have urges, she likes living a “normal” life and feeling “normal.”

If gets arrested with the children with her:

a. will have the police call to pick them up and they can stay at the home with until is released. If or are not available to pick up the kids then will be called to transport the kids to and house or to have the kids stay with them until and return.

b. Whoever gets called by the police or will call and/or email the safety network to let them know was arrested. If the arrest involved drugs/alcohol/imminent safety of the children a SN meeting will be called to discuss the worries and how to keep the kids safe from this behavior in the future.

c. If there are other emergencies would want the kids to stay with or

3. The safety network is concerned:

CCCSS is worried the children are learning to lie and manipulate people around them as they have seen and do and is worried they will grow up thinking this is ok.
To prevent this from happening we will:

a. works hard to hold the children accountable to telling the truth. Lying has also been addressed in therapy.

b. The children are confronted when they are caught lying and talked to about why that is not ok and possible future consequences if it continues. Sometimes adults are unsure what happened consequences may be given to all kids or threatened to give to all kids.

If the children do begin to show patterns of lying:

a. This could be typical child development, or it could be a concern/red flag that something bigger is going on in the home or another environment the children go to.

b. Any major change in behavior by the children may be concerning. If old behaviors return or behaviors regress, the person will call to check in and see if there has been a major change which could cause the behaviors or if something else happened.

c. A SN meeting could be called if necessary.

4. The safety network is concerned:

CCCSS is worried if is actively high/drunk and using drugs/alcohol the kids would not get to school, they would not get to the doctor/dentist as needed, they would not have clean clothes, the home would be cluttered and unkempt, would not be following through with proper parenting of the kids, she would not be working and she would not be able to provide basic needs for the kids.

To prevent this from happening:

Bottom line: There will be no use of drugs, drug paraphernalia, having unapproved people around the kids or the kids are going to places where there are drugs or criminal activity.
a. states she stays sober by: working, staying busy, thinking about her kids, hanging out with sober friends, calls her sober sisters, attends NA on some Sunday's, she does not have urges, she likes living a "normal" life and feeling "normal."

b. Red flags that may be using: negative attitude all the time, hides, lies, cheats, steals, sleeps a lot, being lazy, no job, wearing pajamas and no make-up a lot, "a lot of talk and no walk" (empty promises), kids missing school or late to school.

c. says she is never going to use pills again but once she is off probation she may or may not go and have a drink with friends in a "responsible way". She would not be drinking every day, it would not be a pattern and she wouldn’t be drinking in front of the kids. Treatment recommends addicts remain completely sober from all substances for the rest of their lives. The safety network discussed going out with a friend to have a drink or two while the kids are cared for a by a safety network person and not returning home until she is sober. is worried if started using alcohol again this could lead to using more alcohol or other substances.

a. Safety network would know drinking is becoming a problem if: isn’t drinking responsibly, drinking every day (routine/habit), smelling it on her breath at home in front of kids, negative attitude or making poor choices with kids.

someone on the network is worried that high or has been using they will:

a. They will call to discuss the concerns and if needed call/or email the safety network to check in to see if they have seen concerns and to share the concern. If stories are not matching up or if the SN person is still concerned, as given permission for that person to keep the children with them until the SN can meet with to discuss a plan to ensure is not using drugs or actively high while caring for the kids.

b. At the SN meeting a plan will be created to ensure the children’s safety. Once the SN signs off on the plan the children can return back to.
How Safety Network would know they need to call for CPS:
The safety network would try to meet to develop a plan around the concerns. If a plan can’t be developed for whatever reason (not cooperating/saying she is leaving with kids and concern for their safety, etc.) than CPS should be called.

c. CPS wouldn’t automatically open a case if someone calls with a concern. CPS has to take the information and make decision about if the information reported meets standards to assess (has to be reported maltreatment to a child). Might be able to help facilitate addressing concerns without opening a case or at least without opening a court case.

d. An example where CPS probably wouldn’t become involved: starts drinking with friends on weekends but makes sure the kids are in a safe place and the kids are not impacted physically or emotionally.

e. An example where CPS probably would become involved (if there is a safety/well-being issue for the kids): starts to drink excessively on the weekends and comes to pick up the kids late at night and drives with them while drunk. The kids have been talking about being worried about mom, scared when mom is driving, they have upset stomachs, etc. Safety network tries to talk with about this and she is not concerned and safety network is concerned this might keep happening because says she isn’t going to stop drinking.

Checking in with the kids:
Often when checking in with the kids people go by what they see in the kids and their “mood.” People also check in by asking how things are going at home, etc.
When there have been concerns in the home people have seen the following in the kids:
- The kids would be shut down/withdrawn: quiet, whispering, not talking at all, “mimicking,” not answering questions or hiding.
- Kids possibly saying something concerning.
- is “stand-offish”, seems scared and and are clingy.

was involved in the creation of this plan and agrees with this plan.

The following people are on the safety network and agree they can be contacted at any time if needed to help keep the kids safe.
1. Any adult caring for the kids cannot use bad medicine like the bad pills mom used to take. Medicine is a liquid or pill our mommy or doctor give us to feel better. Bad medicine does not come from the doctor and it makes us feel bad and we sometimes make bad choices when taking it.

2. Adults cannot fight, scream or swear when kids are around. We understand people argue but when the fighting is loud and makes me scared this is not ok.

3. If mom is going to go out with friends or do other things she needs to leave us with a safe person that we know well to care for us and we need to be able to reach mom on the phone if needed.

4. We will use gentle hands at all times. No hitting, slapping, throwing items, pinching, kicking, biting or restraining.
5. If we cannot follow these rules we will write the person a sorry note and spin the wheel of consequences.

6. We are able to talk openly about our worries to people on the safety network and they will know what to do. If I share a worry with someone I will not get in trouble.

7. If or n Kansas call it will be on speaker phone. Mom will not talk to them on facebook.

8. Even though mom is an adult and old enough to drink, because mom has been in trouble before she cannot drink beer or wine until a Judge says it is ok.
Reunifying and Preventing Re-Entry

• Start implementing the safety plan as soon as it is good enough
• Take small steps, increase visits, have network members supervise, carefully plan the initial overnight visits, do longer visits, use trial home visits.
• Make the safety plan as transparent as possible.
• Appreciate and respond positively to critical feedback to sharpen the plan.
Cross Agency Consultation

• DHS will be giving out videoconferencing equipment and setting up county supervisors and leaders in the State’s Vidyo system.

• We can use this technology to review each other’s safety plans for gaps and ideas we haven’t considered.

• We can help each other find solutions in our most challenging family situations.
Carver’s rate of repeat maltreatment was below the Federal standard before we started safety planning. After fumbling a bit as we started, it’s now far lower.
Our last incident of 12 month repeat maltreatment occurred in August of 2011.
Our ability to keep children safe in their homes has grown a bit every year.
With tested safety plans and networks in play at assessment, 40% fewer families need casework services.
The number of child protection reports we get has edged down consistently. 62 fewer reports in 2014 than in 2011.
Between 2005 and 2012 we reduced our use of purchased child welfare services by almost 50%.
Services Don’t Equal Safety!

• Sadly, the families we previously trained up to depend on government services still keep us plenty busy.

• Had we been able to use the money we saved to hire more staff to do safety planning, we could have an entire additional team of social workers.

• We probably wouldn’t yet have fully eliminated child maltreatment in Carver County, but we might well be at a place where it would seem possible.