

Signs of Safety Assessment and Planning Tool

There are variations of the Signs of Safety Assessment and Planning tool that have been developed they do not differ in their approach they are simply a different version of the tool.

The *Signs of Safety assessment and planning tool* (and the questioning processes and inquiring stance that underpins it) is designed to be the organising map for intervention.

At its simplest this can be understood as containing four domains for inquiry:

1. What are we worried about? (Observable behaviours that demonstrate harm/danger/need - past harm, future danger/need and complicating factors/missing information).
2. What's working well? (Observable behaviours that indicate existing strengths and safety).
3. What needs to happen? (Immediate next steps to keep the child safe and build future safety, family goals and agency goals).
4. Judgement – a range of scaling questions can be asked. These can be tailored to the purpose and context of the circumstances. For example where are we on a 0 – 10, where 0 is we are so worried for the child's safety that immediate action required to keep them safe and 10 means no further action needed the child is safe and well their needs are being met. How safe is the child?

In order for the worker to gain an understanding of the family's situation and analyse the Information gathered it is organized using the Signs of Safety Assessment and Planning framework in a set of clear and jargon free statements that are used to form the basis for safety mapping and planning. Information is sorted according to whether they represent:

Harm what has happened that brings this child to the attention of the agency

Current danger things going on in the child's life at the moment that represent danger/risk/need

Future danger what are you worried will happen to these children, if nothing changes?

Complicating factors things that make it harder for the child and family to resolve the problems

Grey Areas- Missing information/ insufficient information things that we are unsure about that we need further information/clarity on

Strengths information relating to strengths and resources within the situation or family/extended family that may be developed to achieve safety

Safety strengths demonstrated as protection (in relation to the danger/risk) over time

Scaling once the statements are mapped out, the worker is required to exercise their professional judgement by using the Safety Scale for example, **Safety Goal** what would sufficient safety to close the case look like? For example where are we on a 0 – 10, where 0 is we are so worried for the child's safety that immediate action required to keep them safe and 10 means no further action needed the child is safe and well their needs are being met. How safe is the child? **NB The most important part of scaling is the rationale for the scale and understanding what action the parents can take to move up a scale.**

The Signs of Safety Assessment and Planning Tool can also be used to record meeting or be used to help practitioners who are stuck unpick what is happening.

The following pages provide a blank template of the Signs of Safety Assessment and Planning Tool along with examples of what should be included in each section and a completed practice example.

Signs of Safety Mapping

A Signs of Safety (SOS) mapping is a process of ongoing assessment to gather information, undertake analysis and reach a judgement at a point in time.

A SOS mapping can be undertaken:

- as an internal process to clarify what an agency is worried about before going out and talking to a family, and/or
- as an external process with the family and/or key agencies.

When undertaking mapping with a child's parents and/or extended family, workers must consider family dynamics, participant safety and how this may impact on the person's capacity to participate in the mapping.

The mapping process generally starts with 'what's working well' and moves back and forth between 'what are we worried about' and 'what's working well'. At the joint meeting with the family in particular, it may be helpful to open with the questions '*why do you think we are here?*', '*what do you think our concerns might be?*' This will get the main concerns on the table from the agency and make the space to talk about 'what's working well'.

During the process further information should be gathered to clarify if missing information and complicating factors are worries/danger or strengths/safety. Once the mapping is completed a judgement is made against the safety scale to determine what the level of safety is. This informs what needs to happen next and whether safety planning is needed.

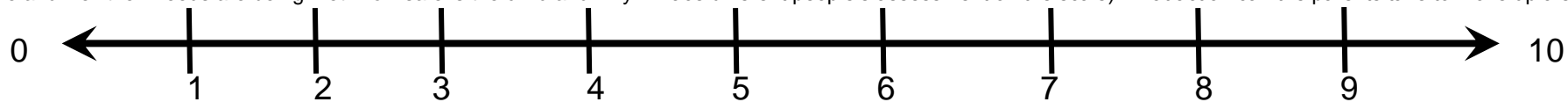
Signs of Safety Assessment and Planning form

What are we worried about? (Harm/risks/needs and Future Danger)	What is working well? (Strengths and Demonstrated Safety)	What needs to happen? (Safety goals and next steps in working toward safety and meeting the children's needs)
<p>Past Harm (What has happened that worries us, to these children, or to other children in the care of these parents/carers?) Looking for patterns of behaviours</p> <p>Current Danger- What is currently happening in the family that worries you?</p> <p>Future Danger (What are we worried might happen to these children if nothing changes?)</p> <p>Complicating Factors (What makes building safety for the children and working with this family more complicated? <i>i.e p. areas of dispute,</i></p> <p>Grey Areas - <i>things we are unsure need to know more about?</i></p>	<p>Existing Safety (What actions have the family taken in the past or are currently taking to keep the children safe and meet their needs, in relation to the risks/needs?)</p> <p>Strengths (What is happening that makes things better for the child/children?) <i>i.e. good relationship with teacher</i></p>	<p>Agency Goals (What does the agency need to see the parents doing in their care of the children and over what time period to be confident there is enough safety in the family and the children's needs are being met.)</p> <p>Family Goals (What does the family think they need to be doing in their care of the children for the children to be safe and their needs are being met?)</p> <p>Next Steps (What are the agency's & family's ideas about what needs to happen next in working towards these goals?)</p>
<p>Safety Scale: On 0 – 10, where 0 is we are so worried for the child's safety that immediate action required to keep them safe and 10 means no further action needed the child is safe and well their needs are being met. How safe is the child and why? What action can the parents take to move up a scale?</p> <div style="text-align: center;"> </div>		

Signs of Safety Assessment and Planning form

What are we worried about? <small>(Harm/risks/needs and Future Danger)</small>	What is working well? <small>(Strengths and Demonstrated Safety)</small>	What needs to happen? <small>(Safety goals and next steps in working toward safety)</small>

Safety Scale: On 0 – 10, where 0 is we are so worried for the child’s safety that immediate action is required to keep them safe and 10 means no further action needed the child is safe and well their needs are being met. How safe is the child and why? Place different people’s assessment on the scale) What action can the parents take to move up a scale?



Signs of Safety Assessment & Planning Tool

HARM and DANGER: Actual experiences of past or current harm to a child by themselves or a caregiver *and* our resulting concerns and worries about what may happen in the future.

The key here is to consider the **IMPACT** the caregiver's actions are having on the child.

Try writing these statements in clear, non-judgmental, "just the facts"

SAFETY: Actions of protection by a caregiver, specifically related to the current harm and danger/risk, demonstrated over time.

If we don't ask about the history of protection **AS IT RELATES TO THE CURRENT DANGER/RISK**, we only know part of the story. Often caregivers take steps to protect children that are insufficient but could be built upon.

Try asking the families you work with three questions: What steps have you taken in the *past* to protect your child(ren) from these dangers? What steps are you taking *now*? What are you willing to do *going forward*?

COMPLICATING FACTORS: Literally anything that complicates the provision of protection to the child but is not direct harm from the caregiver.

These are often warning signs, 'red flags', systems issues or concerns. Some may have no or little current impact on the children.

Examples: Consider caregivers with low IQ, mental health illness, even substance use. Not all of these **ALWAYS** have harmful impact on the child.

Ask yourself questions to think through the issue of **IMPACT** on the child. How would you know what kind of impact this is having? Who would you need to ask?

What are we worried about?	What's going well?
Harm and Danger	Safety
Complicating Factors	Supporting strengths
What needs to happen next?	

SUPPORTING STRENGTHS: Positive elements or factors in a child or family's life that are good for that family, that support that family but in and of themselves do not directly address or minimize the current dangers/risks.

Consider things like coping strategies, extended family or community support, past history of recovery, participation in services.

These are all important, things that can be built upon, but if they don't translate into clear actions that protect children from the current dangers/risks they are strengths not safety factors .

WHAT NEEDS TO HAPPEN NEXT? After completing the map, workers should be in a position to share clear, behaviourally based 'Danger Statements' about agency and key stakeholder concerns. Sharing these statements with caregivers, extended family, providers and agencies allows for safety goals & a rigorous safety plans to develop.

LAST THOUGHTS: Family therapist Michael White used to say 'the map is not the destination.' The mapping is a conversation, process for thinking your way through the work. Don't get overly stuck on "which box does this go in?" Instead use this as a way to develop good questions that help you, children, caregivers, and other agencies to think critically about what you are seeing and to come to some clarity about what particular actions are needed to enhance ongoing safety for children.

DANGER**SAFETY****What are we worried about?****What is working well?***Past/Present Harm to the Child:*

- Courtney overdosed on crack cocaine and became unconscious while cooking dinner. 10 year old Malachi was home at the time. Her landlady heard the fire alarm and had to call the police and open the door.
- Courtney has an extensive history of crack cocaine use in the past and reports that she has been struggling with addiction "for more than 15 years". This led to one CSC referral 4 years ago when Malachi came to school smelling of urine and faeces.

Safety/Acts of Protection:

- Courtney reports she has been clean and sober for 4 years before this incident - a report supported by her sister Kelly - during which time Malachi has come to school clean, on time and with his work done.
- In her past work with CSC, Courtney worked with her worker, a home-based outreach team, went into drug treatment, and ensured that Malachi came to school and was appropriately clothed and bathed.

Complicating Factors:

- Courtney attributes this incident to a growing depression after loosing her job as a cashier in a supermarket. She has been looking for work for more than 14 weeks without finding anything. Both Kelly and Julie confirm this.□
- Courtney: "I'm doing what I need to do and don't know why my son has not been able to come back yet!"
- Courtney: "I'm worried about my son growing up without his mum and want him back."
- Courtney says she appreciates her sisters help but that Kelly can be "a know it all" and that it's hard to work with her sometimes on Malachi's care
- Courtney has been diagnosed with Borderline Personality Disorder, and ADHD.
- Courtney had stopped attending NA 2+year ago ("they get kind of preachy, and the meetings were not as good times.").

Supporting Strengths:

- Malachi was able to go into a connected person's foster placement with his Aunt Kelly and her partner Julie. He was able to stay in the same school system and it is reported by Aunt and school nurse that he continues to "thrive" despite these changes.
- Courtney had made a plan with Kelly in the past that if anything were to happen to her Malachi should go to stay with her.
- Courtney has attended drug treatment in the past including detox (more than five times) and inpatient substance abuse treatment (2x before this incident). She completed an inpatient stay after this incident and reports that she will again begin to regularly attend NA meetings.
- Kelly and Julie have been helping Courtney financially and report they are willing and able to continue to do so.
- Courtney is in individual treatment and has been regularly attending. She reports that she takes her Ritalin and Celexa regularly.
- Courtney: "I want Malachi back and will do whatever it takes to make that happen."