Introducing Safety-Organized Practice

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Introducing Safety-Organized Practice

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Introducing Safety-Organized Practice

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What is Safety-Organized Practice?

Safety-Organized Practice is an approach to day-to-day child welfare casework that is designed to help all the key stakeholders involved with a child — parents; extended family; child welfare worker, supervisors, and managers; lawyers, judges, and other court officials; even the child him/herself — keep a clear focus on assessing and enhancing child safety at all points in the case process. It combines the best of Signs of Safety, a solution-focused child welfare practice approach, with the Structured Decision Making system, a set of research-based decision-support tools, to create a rigorous child welfare practice model.

Overarching Objectives of Safety-Organized Practice

- **Development of Good Working Relationships:** Using a spirit of curiosity and respect as well as a shared language for important child welfare concepts to help create good working relationships among all the key stakeholders involved with a family.

- **Use of Critical Thinking and Decision-Support Tools:** Helping all of these stakeholders use the best of their experience along with the best of state-of-the-art child welfare research to jointly assess family situations and to 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 the stakeholders involved and that can clearly show how the enhanced protection of children will occur on an ongoing basis.

Each of these objectives is detailed below with the associated practices involved.

Development of Good Working Relationships

Child welfare research consistently shows that the development of good working relationships among all stakeholders involved—both professional and familial—is strongly associated with positive outcomes. Safety-Organized Practice moves toward this objective in three main ways:

- **Solution-Focused Interviewing (SFI)** — Originating with the work of Steve DeShazer and Insoo Kim Berg at the Milwaukee Brief Treatment Center, SFI is a “questioning” 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

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1 For more information see www.nccdglobal.org and www.signsofsafety.net
rigorous a way as their signs of danger and provides a series of strategies (Exception Questions; Relationship Questions) to help do this.

**Strategies for Meaningful Child Participation** – While children are the focus of any child welfare intervention and most professionals agree that obtaining children’s perspectives are vital for child welfare work, how to consistently accomplish this has been a daunting task for even seasoned professionals. The temptation to make the work with children a superficial part of a child welfare casework is great. Safety-Organized Practice provides a series of practices (The Three Houses, The Safety House) that allow children, in developmentally appropriate ways, to meaningfully contribute to both the assessment and case planning process.

*A Common Language and Operational Definitions* – One of the biggest roadblocks to developing collaboration and effective relationships in child welfare practice is the lack of a common language for even the most basic words that are used to assess families and situations. Words like “safety,” “danger,” and “risk” are used vaguely, inconsistently, and can prevent stakeholders from understanding each other and making effective plans together. Safety-Organized Practice draws on the best of previous practice models and risk assessment frameworks to offer some common language of which both families and professionals can make use (see Figure 1).

The use of these operational definitions accomplishes two important goals. It allows everyone involved with a child to understand distinctions between key constructs such as “what has gone on in the past,” “what we are worried about in the future,” and “what we need to see happen.” In particular, the definition of safety focuses all stakeholders on a joint vision for a child welfare intervention.

![Figure 1: Operational Definitions in Safety-Organized Practice](image)

- **Harm** – PAST actions by a caregiver that have hurt a child in his/her care either physically, emotionally, or developmentally.

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

- **Risk** – The resulting likelihood that some harm may come to that child in the future.

- **Complicating Factors** – Literally anything that complicates efforts to make the child safe that are not 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.

**Critical Thinking and the Use of Decision-Support Tools**

Good assessment in child welfare involves the ability to look both at the factual data in any given situation, and our own internal lenses, assumptions, and biases in the service of coming to the greatest clarity possible about what is happening for a child. In Safety-Organized Practice there are two major ways of moving toward this goal.

Safety Mapping – A process of organizing all the key information known about a child and family at any given time into key domains relevant to the goal of enhancing ongoing safety for children. This is a process designed to be inclusive of the family but can also be helpful when done by a child welfare worker and a supervisor, in case consultations, multi-disciplinary teams, etc. It makes use of the common language to help sort and prioritize ambiguous case information, allowing increased clarity about the hopes, concerns, and purpose for any particular child welfare intervention.

The Structured Decision Making® (SDM) Tools – Child welfare casework involves regular critical, key decisions that need to be considered in almost every case (i.e., opening and closing cases, bringing a child into care, what should go on a case plan, etc.). Research into child welfare decision making indicates that these key decisions are, unfortunately, frequently made in inconsistent fashion using inconsistent criteria. The SDM® system brings the best of child welfare research and aggregate data into tools that can be used by caseworkers to “check” their intuition at these key decision points to ensure these immensely important decisions are consistent and congruent with both research and organizational policy.

Harm/Danger Statements – Once a good assessment has been completed it becomes possible to create detailed, short, behaviorally based statements that in very clear, non-judgmental language state:

- What the caregiver actions were;
- What impact those actions have had on the child; and
- What future caregiver actions the child welfare professionals (and anyone else who cares about the child) are worried could happen in the future and what those acts could potentially do to the child.

Such statements provide a clear rationale for the involvement of child welfare and are a foundation for making clear goals about the work. These deceptively simple statements take some time to construct, but once made can be shared with family members, community partners, court officials, and anyone interested in supporting the safety of the particular children involved in the case.

Creation of Detailed Plans for Enhancing Daily Safety of Children

Clear Agency and Family Goals – Goals in child welfare are often service driven rather than safety driven. Everyone working with a family in an open child welfare case should be able to articulate and unambiguously state what needs to happen for the case to close and for protection to be demonstrated. These goals should:

- Address the danger statement;
- Be collaboratively creative with the family members when possible;
Be written in clear, everyday language; and

Describe the presence of new, observable behaviors or actions (particularly behaviors with the children) rather than simply the absence of old, problematic behavior.

_Building Safety Networks_ – The axiom that “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 (FGC) and Team Decision Making (TDM) approaches, Safety-Organized Practice 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 a simple “laundry list” of services to which a family has agreed. A key saying in Safety-Organized Practice 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 that parents and extended family members have agreed to take in order show everyone involved that the children will be safe.

_Current State of the Practice_3

Safety-Organized Practice is a developing model. Currently, parts of the practice are being implemented and taught in multiple US states and in many countries around the world. For a child welfare field that in many ways is still in its infancy, Safety-Organized Practice offers child welfare organizations and its partners a hopeful and detailed new direction for rigorous engagement, assessment, and planning in partnership.

_Suggested Reading_

Those interested in learning more about this approach are encouraged to follow up with:


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3 For more on the current state of implementation in California in 2012, please see the Fall 2011 issue of _Reaching Out_, the newsletter of the Northern California Research and Training Academy. Download at http://humanservices.ucdavis.edu/news/pdf/112_158.pdf
Safety-Organized Facilitated Process

By Heather Meitner

“A Rolling Agenda” (It takes approximately three to five meetings, but could take more depending on the family, to get through entire process. Get as far as we can in each meeting and pick up where we left off next time).

- **Three Questions and Safety Mapping**
  To get everyone on the same page regarding worries and what’s worked well

- **Three Houses**
  To include the child’s voice on Three Questions in Safety Map

- **Danger Statement/Safety Goal**
  To reach shared understanding/agreement about why we’re involved and what it needs to look like to end

- **Safety Circles**
  To build network of support (informal)

- **Safety House/Future House**
  To elicit what would need to happen for the child to feel safe in the household and include specific rules created by the child in the safety plan

- **Safety Planning with Network**
  To co-create detailed, on-the-ground, day-to-day safety plan, and network monitors’ plan implementation and success

- **+/Δ Feedback**
  Reflect on what we did well and what we’d like to change
## Dialogue Structure for Facilitating Any Meeting

<table>
<thead>
<tr>
<th>Meeting Stage</th>
<th>Key Question to Guide Each Stage of the Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>Overall, why are we meeting today?</td>
</tr>
<tr>
<td>Context</td>
<td>Is there anything that might pull our attention away from our focus today?</td>
</tr>
<tr>
<td>Group Agreements</td>
<td>How do we want to work with each other?</td>
</tr>
<tr>
<td>Network/Stakeholders</td>
<td>Is everyone here who should be here? If not, what should we do to get them here?</td>
</tr>
<tr>
<td>Desired Outcome</td>
<td>What do we want to walk away with today from this meeting (a plan, list, decision, etc.)?</td>
</tr>
<tr>
<td>Content</td>
<td>What do we want to talk about (actual safety mapping, safety circles, etc.) here?</td>
</tr>
<tr>
<td>Next Steps</td>
<td>What steps do we need to take from here? Who does what? By when? Next meeting date?</td>
</tr>
<tr>
<td>+/- Feedback</td>
<td>What worked? What should we do differently next time?</td>
</tr>
</tbody>
</table>
Doing Assessment with Families
Questions You Can Use

Step 1
Explore Past Harm

Step 2
Explore Safety and Strengths

Step 3
Explore Future Risk

Step 4
Develop Goals

This handout is based on work by Steve DeShazer, Insoo Kim Berg, Michael White, Andrew Turnell, Sonja Parker, Adriana Urken and member of The Massachusetts Child Welfare Institute. It was compiled by members of the Children’s
What Are We Worried About?

Exploring the (past) harm

Opening
• There has been a report of concern about your child that said…
• What do you think led to CPS getting involved with your family?
• What have you heard about why your child was removed?

Behavioral details
• When did that (harmful event) happen?
• Can you tell me about what happened that day?
• Where was it? Where were you? Who else was around?
• How did you respond when it happened?
• How long has this been going on?
• What was the first, worst and most recent time this happened?

Impact on the child
• Where were the children when this is happening?
• Do you think X (harmful event) is affecting your child in any way?
• Do you ever worry about X? When do you most worry? What is happening?
• If your child was here right now, what would they say X does to them?
• Do you think X might be affecting them at school?
• Do you think X might be affecting how they make friends?
• Does X ever come between you and your child?

• Does [collateral] think X is affecting your child in any way?
• Does [family member] think X is affecting your child in any way?

• On a scale from 0-10 with 10 being your child was totally safe when X happened and 0 being your child was in a lot of danger and could have been really hurt, where would you say things were when that (harmful event) happened?
• What would your child say if they were here?

Close
• Of all the things we have talked about that have happened in the past, what do you think is most worrisome?
• What would your child say is most worrisome?
• What do you think I, or my supervisor, might think is most worrisome?
• We have a way of summing up these kinds of things called a ‘harm’ statement. Can I share it with you and see what you think?
• On a scale from 0-10, were 10 is the harm statement really describes something that concerns you too, and 0 is you think I am really off base, where would you say things are?
What is Working Well?
Searching for Safety and Strengths

Opening
- What do you think is working well in your family?
- What are you most proud of in your family?
- What do you see in your children that you are most proud of?
- What is your family like at it’s best?

- If the kids were here right now, what would they say is going well in your family?
- What would they say they are most proud of in you? In themselves?

- What else knows you or your family really well? What would they say is going really well?
- What do you think I see working well?
- Can I tell you what I see working well?

Searching for exceptions/Past examples of safety
- Has there ever been a time when (the problem) could have happened, almost did happen, but somehow you were able to do something different?
- Can you tell me about a time you were able to manage (the problem) in a way that you felt good about?
- What are you already doing to help keep your children safe and respond to the concerns?

Specific examples of exceptions
- Tell me about a time you have been able to look after your kids even though you were dealing with other more difficult things?
- Can you tell me about a time when you were really angry with the kids but rather than hitting them were able to find a way to calm yourself down?
- Can you tell me about a time you were both really pissed off with each other but rather than yelling or hitting each other in front of the kids you were able to do something to keep it away from the kids or to sort it out so it didn’t blow up?
- Can you think of a time you were going to use drugs but either did something to make sure the kids were looked after first or made another decision about using altogether?

Follow-up: Gathering behavioral details of exceptions
- When did that (exception) happen?
- How did you do that? (Specific details of exception)
- Can you tell me about what happened that day?
- When was it? Where were you? Who else was around?
- Suppose I was a fly on the wall when this was happening…what would I have seen you do?
- What was the first, worst and most recent time this happened?
Follow-up: Impact on the children of exceptions

- Where were the children when this is happening?
- When you did X (exception) did it make a difference to your child in any way? How?
- What do you think your children would say they like best about the fact that you took this step?
- Do any [family member/friends] know you took this step? What kind of difference would they say it made to the children?
- Do any [collaterals] know you took this step? What kind of difference would they say it made to the children?
- On a scale from 0-10 with 10 being your child was totally safe when X happened and 0 being your child was in a lot of danger and could have been really hurt, where would you say things were when that (exception) happened?
- What is helping you keep it as high as you have been able to do it?

Identifying potential network members

- Who or what else may have helped you do that?
- Who else knows you were able to take this step?
- Who from your life would be least surprised at your ability to take these steps?
- What would your best friend say about how you are doing this?

Coping

- What you have been going through is not so easy. How do you think you have survived as long as you have? What is keeping you going?
- Given everything we have talked about, how did you think you have managed to keep things from getting worse?

Close

- Of all the things you are doing to take care of the children, what do you think you are doing that is most protecting the kids?
- What would your child say they are most pleased that you are doing?
- What do you think I or my supervisor are going to be pleased to see?
What Are We Worried About?
Exploring future risk

Opening:
• Of all the things we have talked about today, which are you most worried about happening in the future?
• Of all thing things we have talked about today, which of these things do you think the children are most worried about happening in the future?
• Of all thing things we have talked about today, which of these things do you think I am most worried about going forward?
• What do you think the reporter might be most worried about happening in the future?
• On a scale of 0-10 with 10 being ‘my child is totally safe now’ and 0 being ‘my child is in a lot of danger now’ where do you think things are now?
• What do you think is getting in the way of the number being even higher?

Potential future impact on the children
  o What do you think will happen in your family if nothing else changes?
  o What do you think might happen to the kids?

Identifying potential network members
• Does anyone else in your family worry about what might happen to your family or to the kids in the future if nothing changes?
• Do any of your friends worry about this?
• Do any of the collaterals worry about this?
• What do you think they worry will happen to the kids if more of X occurs?

Close
• Can I take a minute and tell you how we at CPS are trying to think these days?
• Now that I have shared these definitions with you…which of things we have talked about do you think are real dangers to the child going forward? Which are complicating factors?
• We have a way of summing up these kinds of things called a ‘danger statement. Can I share it with you and see what you think?
• On a scale from 0-10, were 10 is the danger statement really describes something that worries you also and 0 is you think it is really off base, how would you scale this?
What Needs to Happen?
Developing goals

Family goals
• 10 years from now…what would you like your child’s story to be about this time? What do you think needs to happen in order for you to be able to tell that story?

• It’s clear from what you have said you are not happy with how things are going…how would you like things to be instead?

• Given all we have talked about, what is your biggest hope for what could be different in your life?

• What is the least that could happen that would still leave you feeling like you had accomplished something important?

Agency goals
• Given all we have talked about…what do you think are the next steps we need to take in order to make sure your child is safe?

• Which of the danger statements do you think is most important for us to deal with first?

• You have said you want CPS out of your life. Given everything we have talked about, what do you imagine I am going to say needs to happen for us to get out of your life?

• We have a format for talking about goals that our agency feels is important called a ‘safety goal’. It’s also going to move us into a conversation about who else needs to be a part of our work together. Can I show you what this goal format looks like and can we do some thinking about who else needs to be involved?
  o What do you think you will need to see in yourself in order to take these steps?
  o What will you need from others?
  o Who would be good to talk to about this?
  o When you first starting making these changes…who will see them? First? Second?

Identifying potential network members
• Moving toward these kinds of goals is hard work, and often requires help. You know the phrase – it takes a village? Who from your community would be important for us to invite to these meeting to help you move in the directions we have been talking about?

Services
• Do you think going to Y [service] might do anything to address the danger statement? What do you think it might do?
• If I were to suggest you to go to Y [services] what do you think I might be hoping would be different as a result?
• By going to Y (service) hat are you hoping will change about safety for your child?
Small steps
• Suppose we meet for a coffee a few years from now and all the problems we have talked about, specifically the danger statement, have all been taken care of.
• What do you think you would have done to achieve this?
• Who or what will have helped you make that possible?
• How will I have contributed?

First steps
• What will have been the first step you took?
• What difference will it make in your life?
• How will it affect your children if you take that step?
• Will that be enough to keep your children safe/address the danger statement?
• Will the children think it is enough?
• Will I think that’s enough?
• Now that you have made up your mind to stop doing X, how long do you think it will be before you take action on it?
• On a scale of 0-10 with 10 being ‘my child is totally safe now’ and 0 being ‘my child is in a lot of danger now’ where do you think things are now?"  
• If we keep working at this…and a month from now that danger/safety scale number has improved by one number…what do you think will concretely be different in your family?
• If I were a fly on the wall and saw you taking that step, what would I see?
• What actions will you or others be taking differently?
• What services will be in place? What will you be doing differently as a result?

Willingness, confidence and capacity
• On a scale from 0 – 10, with 10 being you are ‘very willing’ to take these first steps and 0 being you are not willing at all, how would you scale this?
• On a scale from 0 – 10, with 10 being you are ‘very confident’ you can complete these first steps and 0 being you are not sure at all if you can do it, how would you scale this?
• On a scale from 0 – 10, with 10 being you have everything you need and all the help you need to take these first steps and 0 being you don’t have what you need to do it, how would you scale this?
  ○ (For all of them): What would need to happen to go up by one?

Confirming direction/Monitoring
• What would tell you that you were on the right track?
• How would you know you have reached this goal and your child is safe?
• What would tell me that you were on the right track?
• How will I or my supervisor know you have reached this goal and your child is safe?
• Who will be the first people to notice a change?
• What will they see?
• What will you see?
• What would your kids notice?
• What would I notice?
SAFETY is:

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


Adapted over time by Andrew Turnell and members of the Massachusetts Child Welfare Institute.
## SAFETY MAPPING

*Adapted from Turnell and Edwards, 1999 and Chin, Decter, Madsen and Vogel, 2010*

<table>
<thead>
<tr>
<th>DANGER</th>
<th>SAFETY</th>
</tr>
</thead>
<tbody>
<tr>
<td>List all indicators of Past Harm, Present Harm or Future Harm</td>
<td>List all indicators of Acts of Protection, Caregiver Capacities, and Supporting Strengths</td>
</tr>
</tbody>
</table>

### What are we worried about?

<table>
<thead>
<tr>
<th>Past Harm to the child → Present or Future Dangers</th>
<th>Acts of Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Directly related to danger)</td>
</tr>
</tbody>
</table>

### Complicating Factors

<table>
<thead>
<tr>
<th>Supporting Strengths</th>
</tr>
</thead>
</table>

### What’s working well?

<table>
<thead>
<tr>
<th>What needs to happen next?</th>
</tr>
</thead>
</table>

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**SAFETY MAPPING**

*Adapted from Turnell and Edwards, 1999 and Chin, Decter, Madsen and Vogel, 2010*
Safety Mapping in Case Consultations: An Overview
Handout by Philip Decter based on the work of Andrew Turnell
For more go to signsofsafety.net and family-centeredservices.org

HARM and DANGER: Actual experiences of past or current harm to a child by 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. Many dangerous things happen in and to families that are not child welfare concerns.

Try writing these statements in clear, non-judgmental, “just the facts” language. Shorthand: CAREGIVER, BEHAVIOR, IMPACT on the child.

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

If we don’t ask about the history of protection AS IT RELATES TO THE CURRENT DANGER, 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 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?

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

If we don’t ask about the history of protection AS IT RELATES TO THE CURRENT DANGER, 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?

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.

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

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

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

LAST THOUGHTS: Family therapist Michael White used to say, “The map is not the destination.” The mapping is a conversation, a 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, others at your agency, and providers 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.
## Signs of Safety Assessment and Planning Form

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Past Harm</strong> (What has happened to these children or other children in the care of these parents that worries us?)</td>
<td><strong>Existing Safety</strong> (What actions have the family taken in the past to keep the children safe, in relation to the dangers?)</td>
<td><strong>Agency Goals</strong> (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 to close the case?)</td>
</tr>
<tr>
<td><strong>Future Danger</strong> (What are we worried might happen to these children in the care of these parents in the future?)</td>
<td><strong>Strengths</strong> (What is happening in the family that makes things better for the child/children?)</td>
<td><strong>Family Goals</strong> (What does the family think they need to be doing in their care of the children for the children to be safe or for child protection services to be willing to close the case?)</td>
</tr>
<tr>
<td><strong>Complicating Factors</strong> (What makes building safety for the children and working with this family more complicated?)</td>
<td></td>
<td><strong>Next Steps</strong> (What are the agency’s and family’s ideas about what needs to happen next in working toward these goals?)</td>
</tr>
</tbody>
</table>

**Safety Scale:** On a scale of 0–10, where 10 means everyone is confident the children are safe enough for child protection services to close the case, and 0 means there is not enough safety for the children to live at home, where do we rate the situation? (Place different people’s assessments on the continuum.)
What’s the difference between these two plans?

Plan #1:

• Cheryl needs to see a therapist weekly to work on depression, its causes, and the impact it has on her life.

• Cheryl needs to see a psychiatrist at least monthly to make sure she is taking her medication and that it’s working properly.

• Cheryl needs to attend a weekly therapeutic group for women facing depression so she can hear how other women have responded to this.

• Cheryl needs to take a job retraining course.

• Cheryl needs to take a parenting class.

Plan #2:

Cheryl agrees to present the following to her children and to her safety network, which is comprised of neighbor Paul, sister Sarah, foster mother Trina, and outreach worker Betsy.

• Cheryl will ask for help with the children if she is feeling more than a seven on a 10-point scale for depression.

• Cheryl will not be alone if she is thinking about hurting herself again, and will ask for help from someone in the network if this happens.

• Cheryl agrees to keep a logbook of her work in resisting the worse parts of the depression. She will scale the impact of the depression every day in the book, and write details of everything that is helping her reduce that impact.

• Paul, Sarah, and Trina all agree to call or visit once daily (one in the morning, one in the afternoon, one in the evening). They will talk to Cheryl, ask how she is doing, and also scale the impact of depression on her. They will talk to the kids and ask them how they are doing. When the network visits, they will record it in the logbook and ensure the children have their contact phone numbers as well.

• Betsy will perform two to three weekly visits to the home and either she or her team will be available 24 hours a day if Cheryl wants to call. During her visits, Betsy will scale the impact of depression with Cheryl and write in the logbook. Betsy will work with Cheryl to make sure she gets to the MD.

• Cheryl, the safety network, and the GA will meet to review this plan again in three weeks.
The “VOICE” of SDM®

WHEN:

1. In a group supervision mapping session THAT

2. Has a PURPOSE related to a KEY DECISION (i.e. whether to remove a child, open a case, develop a safety plan or case plan, return a child, change permanency goal, or close a case)

WHY:

1. To help focus the mapping

2. To help distinguish danger from complicating factors

HOW:

1. One person in the group is designated the “voice” of SDM.

2. That person has the relevant SDM assessment and definitions open, and keeps track throughout the mapping.

3. The “voice” of SDM should ask to pause if:

   a. The group is spending more than a few moments on information that is not relevant

   b. The group is getting stuck on whether something is a danger or complicating factor/ or a strength or safety.

   c. The group is mis-identifying something as a danger or complicating factor or safety or strength.

   d. The group is moving toward “what needs to happen” before covering all relevant information.

4. If pausing, the “voice” should read the relevant item and/or definition. The mapper should then direct questions to help surface the necessary information.

EXAMPLE:

1. In a mapping session, the group is talking about the extensive arguing and occasional physical fights between parents. Some people in the group see this as harm while others see it as a complicating factor. The purpose of the map is to decide whether the child needs to be removed. The “voice” should read the SDM safety threat definition for domestic violence. The questioner should then use the definition to craft questions that will surface behavioral detail that based on the definition will help sort whether in
THIS family, the domestic violence creates imminent danger of serious harm based on caregiver actions and the impact on the child.

2. In a mapping session to determine whether a child should be reunified, the group is getting off on a tangent about an issue related to the child’s behavior in school that is unrelated to risk, visitation or safety. The “voice” should pause, and redirect the mapping to any un-surfaced aspects of the SDM restoration assessment.
“Mapping” using the Signs of Safety Form: A Step-by-Step Guide
by Sonja Parker

This document is designed to help practitioners understand the different elements of the Signs of Safety form and how to ‘map’ cases (record their assessment) using the Signs of Safety form. The different elements of the form are explained using the three column version of the SoS form, but the information below equally applies to the original Signs of Safety form.

1. **WHAT ARE WE WORRIED ABOUT?**

There are three elements in the “What are we worried about?” column:
- Harm statements
- Danger statements
- Complicating Factors

**Harm Statements**

Harm statements are clear and specific statements about the harm or maltreatment that has happened to these children or any children in the care of these parents. The harm statement needs to include specific details such as **who** reported, **what** happened, **where** did it happen, **when** did it happen. An understanding of past harm is vital because research shows that the best predictor of future danger is the pattern of past harm.

**Writing Harm Statements:**

Harm statements have three components:

1. **Who** reported (or “It was reported that ...”)
2. **What** has happened to the child, where, when etc.
3. **The impact** it has had on the child
Example:
The hospital social worker and the doctor at the hospital told CPSSCP that Tahlia (14 mths) was brought to the hospital two days ago by her maternal grandmother, who told the hospital staff that she thinks Tanya and David are using drugs and not feeding Tahlia properly. Grandma said that when she went to visit them two days ago, Tanya and David were not home and Tahlia was alone and crying in the house with the door unlocked. The doctor said that Tahlia is significantly underweight for her age (on the 3rd percentile) and appears to be a little developmentally delayed.

Danger Statements:

The danger statements clearly identify everyone’s worries about what may happen to the children in the care of the parents in the future if things do not change within the family. Danger statements are the statutory agency’s ‘bottom-line’ statements that must be addressed for the case to be closed. For each harm statement, you will usually have a corresponding danger statement. You may also have a danger statement that corresponds to the most serious complicating factors, if you think that this complicating factor could lead to future harm or maltreatment of the children.

Writing Danger Statements:

Danger statements have three components:
1. “CPS are worried that...” (or Sonja is worried that)
2. Behaviour of parents (what parents might do)
3. Possible impact on the child (what we are worried may happen to the child)

Suggested Formula:

We are worried that  ________________  ________________
possible behaviour of parents  possible impact on child

Examples:

Child Protection Services are worried that Tanya and David will not feed Tahlia often enough and well enough and that Tahlia might become sick and not develop properly because she isn't getting the food she needs to grow and be healthy.

Child Protection Services are worried that Tanya and David will leave Tahlia at home on her own, and that Tahlia might be frightened, might hurt herself or be hurt by someone who comes into the house.
### Complicating Factors

Complicating factors are things that make the situation more complicated, both for family members and for professionals involved with the family. Complicating factors are things that may make it more difficult for the parents to achieve future safety for the children, such as substance use, mental illness, poverty or isolation. Complicating factors are also factors that make it difficult for the family and parents to work together, such as disputes between professionals and family, cultural misunderstandings, etc. In the analysis of information about the family, it is critical that we distinguish between the past harm to the children and the complicating factors. Making this clear distinction will enable the development of clear danger statements (what everyone is worried will happen to the children if nothing was to change in the family) and case planning can then focus on addressing the danger statements in the shortest possible time. If harm statements get confused with complicating factors, it makes identifying and addressing the danger to the children much harder.

Examples:
- **Tanya told CPS that she and David don’t get on with either of their families and so don’t have much contact with their families.**
- **CPS have not had contact with either Tanya or David’s families or friends and so don’t know if any of them would be willing or able to be part of a safety network for Tahlia.**

### 2. WHAT’S WORKING WELL?

The middle column ("What’s working well?") describes what is happening in the family that contributes to the safety and wellbeing of the child. This column contains two elements:

- Existing Safety
- Strengths

This information is critical as it provides ideas about what future safety could look like (based on examples of existing safety) as well as the resources and capacity (strengths) that the family can draw on to build future safety. Paying attention to strengths/existing safety also builds relationship and creates hope and energy for talking about and addressing the difficult issues.

#### Existing Safety:

Statements of existing safety describe times when the parents/caregivers have taken actions or made decisions that led to the children being safe in relation to the dangers. Statements need to be specific and describe the actions/behaviours by parents (or other caregivers) that resulted in safety for the children.
Example:
Mum told Sonja that last month, when she knew that David’s friends were coming over for a party and that people would be drinking and using drugs, she arranged for her friend (Kathy) to look after Tahlia for the weekend. Sonja spoke to Kathy on the phone, who confirmed that this had happened and gave Sonja the date as well as describing what she did with Tahlia that weekend.

**Statements about Strengths:**

Strengths statements describe things that are happening in the family or resources/capacities of the parents/caregivers that makes things better for the child, particularly in relation to what we are worried about. Statements need to be specific and describe the actions/behaviours by parents (or other caregivers) that contribute to the children’s safety and wellbeing.

Examples:
*Tanya says that she wants to stop using drugs and to be a better mum for Tahlia.*

*Tanya and David are willing to talk to their families to see if there is someone who is willing to look after Tahlia when she gets out of hospital and to talk with their families about them being part of a safety network for Tahlia so that she can come home.*

3. **The Safety Scale**

The safety scale uses a number to represent everyone’s judgement about how much safety there is for the children right now if nothing was to change in the family. Different people’s views are recorded on the scale by writing their number on the scale and name beneath. Wherever someone scales themselves, questions can be asked about what has them this high (and then this low) on the safety scale. Different positions can be explored to help everyone understand each other’s views.

Examples:

On a scale of 0 – 10, where 0 means the situation for these children is so bad that CPS need to remove them into care immediately and 10 means that there is sufficient safety to close the case, where would you rate the situation right now?

On a scale of 0 – 10, where 0 means the recurrence of similar or worse abuse for these children is certain, and 10 means that there is sufficient safety to return the children to the parents’ care, where would you rate the situation right now?
4. **WHAT NEEDS TO HAPPEN?**

The third column is the planning component of the Signs of Safety framework. This column contains three elements:
- Agency Safety Goals
- Family Safety Goals
- Next Steps

**Agency Safety Goals:**

Agency safety goals identify what CPS would need to see the parents/caregivers doing in their care of the children to satisfy everyone that the child protection concerns have been addressed and the children will be safe in the care of the parents/caregivers in relation to the identified dangers.

Goals statements need to:
- Directly relate to the danger statements
- Be specific and describe what the parents would actually be doing in their care of the children to address the concerns
- Be written in straightforward language.

**Suggested formula:**

_____ will need to work with CPS and a safety network (of family, friends and professionals) to develop and put into place a safety plan that will show everyone that:
- (Statements (usually one for each danger statement) that describe in broad terms what the parents will do in their care of the children to make sure the children are protected in relation to the identified dangers)

CPS will need to see this safety plan in place and working for a period of at least ____ months so that everyone is confident that the safety plan will keep working once CPS withdraw.

**Example:**

Tanya and David will need to work with CPS and a safety network (of family, friends and professionals) to develop and put into place a safety plan that will show everyone that:
- Tanya and David will make sure that Tahlia is getting the food and the attention she needs to stay at a healthy weight and to reach her developmental milestones.
- Tanya and David will make sure that Tahlia is always looked after by an adult who is sober/not affected by drugs and who everyone agrees is a ‘safe’ adult.

CPS will need to see this safety plan in place and working for a period of 6 months so that everyone is confident that the safety plan will keep working once CPS withdraw.
**Family Safety Goals**

Family safety goals describe:
- What the family think they need to be doing in their care of the children to make sure the children are safe in relation to the concerns.
- What the family think CPS would need to see the family doing in their care of the children for CPS to be confident that the children will be safe.

Goals statements need to:
- Be specific and describe what the parents would actually be doing (differently) in the care of the children to show that the identified dangers have been addressed.
- Be written in the family's language.

The ‘future house’ tool can be used with parents/caregivers/safety network to elicit their safety goals, and the ‘safety house’ can be used with children/young people to elicit their ideas about what future safety would look like.

**Next Steps**

The next steps describe what the family and the agency need to do next in working toward the safety goals and toward building enough safety to close the case.

Once people have scaled themselves on the safety scale, the next steps can be identified by asking questions such as:
- ‘So if that is the safety goal, what do you think is the smallest next step that will help the family move toward that happening all the time?’
- ‘You rated the situation 3 out of 10 on the safety scale. What needs to happen next to move things up one step, to a 3 and a half?’

The safety path in the ‘future house’ and ‘safety house’ identify the person's next steps in working toward future safety.
### What are we Worried About?

- **Past Harm**: What has happened, that worries us, to these children or other children in the care of these parents?
- **Future Danger**: What are we worried might happen to these children in the care of these parents in the future?
- **Complicating Factors**: What makes building safety for the children and working with this family more complicated?

### What's Working Well?

- **Existing Safety**: What actions have the family taken in the past to keep the children safe, in relation to the dangers?
- **Strengths**: What is happening in the family that makes things better for the children?

### What Needs to Happen?

- **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 to close the case?
- **Family Goals**: What does the family think they need to be doing in their care of the children for the children to be safe or for child protection services to be willing to close the case?
- **Next Steps**: What are the agency's & family's ideas about what needs to happen next in working toward these goals?

### Safety Scale:

On a scale of 0 – 10, where 10 means everyone is confident the children are safe and 0 means there is not enough safety for the children to be at home, where do we rate the situation? (Place different people's assessment on the continuum)

<table>
<thead>
<tr>
<th>Safety Scale</th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
</table>

### Signs of Safety Assessment and Planning Form
Creating Danger Statements and Safety Goals in Integrated Safety-Organized Practice

Philip Decter, MSW

Based on work by Sue Lohrbach, Sonja Parker and Andrew Turnell

OVERVIEW

Danger statements and safety goals are short, deceptively simple behaviorally-based statements you can use to help family members, community members - even staff within the department – become very clear about why child protective services is involved with a particular family and what needs to happen for CPS to withdraw. They help everyone involved be clear about the purpose of a child welfare intervention. They should be written in honest, detailed, but non-judgmental “just the facts” language.

FAMILY AND SAFETY-CENTERED PRACTICE

Whenever possible, involve children, family, extended family and network members in the creation of these statements. These statements are meant to be a bridge between professionals and family members. Perhaps the most important use of these statements is in helping family members, network members and professionals all reach agreement about what we are all worried about and what needs to happen to address the concerns.

When co-creating these statements with families is not possible – if they are being created at a case consult or in supervision for example - the statements can be shared with families and their network to help ensure that everyone who cares about the family is clear about why child protective services are involved and what we are asking the family to do differently.

Choice #1: Use good questions to help elicit the a danger statement and safety goals with the family – refine over time

Choice #2: Create provisional danger statements & safety goals in the office, supervision - then refine w/family

Choice #3: Create danger statements and safety goals in the office, case consult, supervision and present it to the family
• If nothing else: Does the family understand what CPS is worried about?

Constructing danger statements and safety goals first involves mapping to help organize information. Once you have done that, you are in position to create both of these kinds of statements. You can create more than one of each of these statements and these statements can and do change over time – they reflect how our work is a process, not an event.
DANGER STATEMENTS

Danger statements are clear, simple statements that attempt to describe the purpose of a particular child welfare intervention. In particular, they describe what caregiver actions people who know the family are worried may occur in the future and the potential impact those actions would have on the children. With family and community members, these statements provide a structure for important but difficult conversations to occur. With skillful questioning, they also help family members and the agency begin to move toward joint understanding and agreement about the nature and purpose of our work together.

Within the organization, these statements can also be created in case consultation and supervision, assisting child welfare professionals in keeping a sharp focus on safety in our work and helping to avoid “case drift”.

Creating these statements is as much art as science. When creating provisional statements ‘in-house’, child welfare professionals should ask themselves these questions:

- If the child(ren) were in the parents care today - what am I (and my team, my supervisor, etc.) most worried the parents would do? What am I most worried would happen to the child(ren) as a result?
- Does my danger statement truly reflect that worry?
- Is the statement constructed in such a way that the family is likely able to hear it and take it to heart?
- Does this statement seem more or less likely to support the creation of the kind of relationship I am hoping to have with the family?

While every danger statement is a little different, a general formula for beginning can look like:

![Diagram](image_url)

Who is worried
About what potential caregiver actions/inaction
Possible impact on the child

**Professionally driven example:** CPS and Doctors at Mercy Hospital are worried that Cheryl may try to hurt herself in the future and that her children Jasmine and Stephanie could be frightened, hurt, or seriously injured as a result.

**Mutually constructed example:** Cheryl, (sister) Sarah, (children) Jasmine & Stephanie, Doctor Smith at Mercy Hospital and (worker) Linda are worried that Cheryl might get overwhelmed by “sadness and despair” again, could try to hurt herself and that Jasmine and Stephanie could be scared, hurt, or seriously injured. We are all also worried if Cheryl did die that the girls might have to grow up without their mom.
SAFETY GOALS

Every effective journey needs a vision of the destination. American educator John Dewey said you can’t make a journey without having a sense of your ‘ends-in-view’. Safety goals are those ‘ends-in-view’ – they are designed to be an overarching vision of what actions will be happening within and between family members that will address the danger statement and allow CPS to close a case with confidence. They also provide the direction for the creation of any safety plans, support plans and services.

Safety goals are constructed based on the danger statement. You cannot make a safety goal without a danger statement – in some ways the safety goal is the ‘mirror image’ of the danger statement.

Safety goals are clear, behavioral statements about WHAT the caregivers and extended network will be doing differently in their care of the children to address the danger statement and for how long to show everyone involved that the children will be protected.

Just as with the danger statements, the greatest benefit is made if workers can create these statements with caregivers and their networks together. When creating provisional safety goals ‘in-house’, child welfare professionals should ask themselves these questions:

- When you think about the danger statement(s), what actions would the parents and their network be doing in their care of the children that would show you the children were going to be safe going forward?
- How long would they have to be doing those new actions before you felt confident it would continue?
- How would the family and their network answer these same questions?

While every safety goal is a little different, a general formula for beginning can look like this:
**Professionally driven example:** Cheryl will work with a CPS and a network of family, friends and professionals to show everyone that she will always ask for help if she is thinking about hurting herself. CPS and the network will all want to see this plan working continuously for nine months to feel confident that CPS can withdraw and that the children will be safe.

**Mutually constructed example:** Cheryl agrees to work with her sister Sarah, her therapist Betsy, psychiatrist Dr. Smith, her CPS worker Linda and other friends and family to show everyone that she will get help if sadness, grief or depression gets too big and/or if she starts to think about hurting herself. All of us want to see Cheryl demonstrating this plan for nine months continuously to feel confident that CPS can withdraw and Jasmine and Karen will be safe.

**OTHER CONSIDERATIONS**

*Agency safety goals and family safety goals:* While there will be times the agency and family will not agree on safety goals an effort should be through skillful questioning to reach agreement on a joint safety goal. Parents may also have other goals they feel are important about our work with them and those can be written, discussed and attended to. Initial agency goals in our work with families should always be safety goals however.

*Long-term safety goals and intermediate safety goals:* Some cases may lend themselves to quickly constructing a vision of ‘what needs to happen to close the case’ as described here. Other situations (especially when children are in care) may benefit more from describing intermediate steps such as ‘what needs to happen to increase visitation’ or ‘what needs to happen to start overnight visits’. You can still use the same format to construct those goals and families will benefit from the clarity around clear statements about these important steps.

*For how long?* This question can be a very difficult one to answer. One way to get some guidance is to consider the SDM Risk Assessment. That tool is designed to help estimate how likely it is that a family will return to CPS if there has not been any change. Using the risk score can assist you in considering how long over time a new action should be demonstrated, how important the network is, etc.
EXAMPLES collected by Sonja Parker and Phil Decter based on actual work with families

<table>
<thead>
<tr>
<th>Danger Statement</th>
<th>Safety Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Violence and Drug Use: Chloe, age 2 month:</strong></td>
<td>Tina and Jason will work with CPS and a safety network (of family, friends and professionals) to develop and put into place a safety plan that will show everyone that:</td>
</tr>
<tr>
<td>• CPS, hospital staff and MGM are worried that Tina and Jason will yell at each</td>
<td>- Chloe is thriving (putting on weight and meeting all her developmental milestones).</td>
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<tr>
<td>other and physically hurt each other while Chloe is present, and that Chloe</td>
<td>- Chloe is always cared for by an adult who is not under the influence of drugs or alcohol.</td>
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<tr>
<td>could be physically hurt during the fight or be very frightened by Tina and</td>
<td>- If Tina and Jayson get so angry with each other that they might start yelling or hitting each other, they will make sure that Chloe is being</td>
</tr>
<tr>
<td>Jayson’s fighting.</td>
<td>looked after by a safe adult until they have both calmed down.</td>
</tr>
<tr>
<td>• CPS, hospital staff and MGM are worried that Jason might hurt or frighten</td>
<td>CPS will need to see this plan in place and working for a period of 9 months to be confident that the family will keep to the safety plan once</td>
</tr>
<tr>
<td>Chloe while he is drunk by doing things like holding her upside down or yelling</td>
<td>CPS withdraws.</td>
</tr>
<tr>
<td>at her and that she could become seriously injured.</td>
<td></td>
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<tr>
<td>• CPS, hospital staff and MGM are worried that Tina and Jason will continue to</td>
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<td>use amphetamines and then won’t be able to look after Chloe properly (like feeding</td>
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<tr>
<td>her and making sure that all her medical/health care is done properly) and that</td>
<td></td>
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<tr>
<td>she could become very sick as a result.</td>
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<tr>
<td><strong>Physical and Emotional Abuse: Jack, age 10 and Sam, age 8:</strong></td>
<td></td>
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<tr>
<td>• CPS is worried that Paul (Dad) will get drunk and hit Jack (10) and Sam (8)</td>
<td>Paul will work with CPS and a safety network (of family, friends and professionals) to develop and put into place a safety plan for Jack and Sam</td>
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<tr>
<td>or chase them with weapons and that the boys will be terrified and could be</td>
<td>that will show everyone that:</td>
</tr>
<tr>
<td>seriously hurt or even killed.</td>
<td>- Jack and Sam will always be looked after by an adult who is not under the influence of alcohol or drugs.</td>
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<tr>
<td>• CPS is worried that Paul (Dad) will lose his temper with the boys and say</td>
<td>- Jack and Sam will always be disciplined and cared for in ways that leave them feeling safe and cared about.</td>
</tr>
<tr>
<td>things like “Fuck you, you little bastards, I’m going to cut your fucking</td>
<td>CPS will need to see this safety plan in place and working for a period of 6 months so that everyone is confident that the safety plan will keep working once CPS withdraw.</td>
</tr>
<tr>
<td>heads off” and that Jack and Sam will be terrified of their dad, not feel safe,</td>
<td></td>
</tr>
</tbody>
</table>
### Danger Statement

<table>
<thead>
<tr>
<th>Neglect: Tahlia, age 14 months:</th>
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<tbody>
<tr>
<td>• Child Protection Services is worried that Tanya and David will not feed Tahlia properly and that Tahlia will be hungry and might become sick because she isn’t getting the nourishment she needs to grow and be healthy.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Safety Goal</th>
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</thead>
<tbody>
<tr>
<td>Tanya and David agree to work with CPS and a safety network (of family, friends and professionals) to develop and put into place a safety plan that will show everyone that:</td>
</tr>
<tr>
<td>- Tanya and David are making sure Tahlia is getting the food and nourishment she needs to stay at a healthy weight and to reach her developmental milestones.</td>
</tr>
<tr>
<td>CPS will need to see this safety plan in place and working for a period of 9 months so that everyone is confident that the safety plan will keep working once CPS withdraw.</td>
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### Physical Abuse “Denial Case”: Chelsea, age 5 months:

<table>
<thead>
<tr>
<th>Physical Abuse “Denial Case”: Chelsea, age 5 months:</th>
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<tbody>
<tr>
<td>• Because of the bleeding in the brain Chelsea suffered while in Sam and Diane’s care in October and because no one knows how the injuries happened, CPS and Doctors at the hospital are worried that if nothing changes Chelsea could be seriously injured again, could suffer permanent brain damage or even die.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety Goal</th>
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</thead>
<tbody>
<tr>
<td>Sam and Diane agree to work with CPS and a safety network (of family, friends and professionals) to develop and put into place a safety plan that will show everyone that:</td>
</tr>
<tr>
<td>- Chelsea is always in the care of at least one adult who could not have hurt her last October</td>
</tr>
<tr>
<td>CPS will need to see this safety plan in place and working for a period of 1 year so that everyone is confident that the safety plan will keep working once CPS withdraw.</td>
</tr>
<tr>
<td>Danger Statement</td>
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<tr>
<td><strong>Physical and Emotional Abuse: Callum, Age 13 years:</strong></td>
</tr>
<tr>
<td>- Hospital staff and CPS are worried that Callum will continue to be punched, hit and kicked by his parents and that Callum will become bruised and cut by this as has happened in the past.</td>
</tr>
<tr>
<td>- Hospital staff and CPS are also worried that Callum will feel so angry and scared about what is happening that he will continue to run away, sleep on the streets, use alcohol and drugs and place himself in dangerous situations that could lead to him being seriously hurt.</td>
</tr>
<tr>
<td>Alcohol Use and Physical Violence in the home: Charlie, Age 15:</td>
</tr>
<tr>
<td>- CPS is worried that Susan may continue to drink to access, that during these times she and John will continue to get into physical fights, and that Charlie may try to put himself in the middle of a fight and become hurt, or that he may become so distracted from what is going on at home that he does not finish school.</td>
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<tr>
<td>Danger Statement</td>
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<tr>
<td>----------------------------------------------------------------------------------</td>
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<tr>
<td><strong>Grandparent who would not continue as caregiver for adolescent after she was caught selling drugs; Child ultimately was placed in a residential program and, one year later, grandfather said he was ready to consider reunification efforts: Lesley, age 16:</strong></td>
</tr>
</tbody>
</table>
| • CPS, Lesley, the program and therapist are worried that Lesley will come to live with grandpa Paul again, that Paul will become overwhelmed if she gets in trouble again, that he will ask for her to be removed again, and, as a result of all of this, Lesley will be even more angry, even more hurt and may have to live in residential programs forever. | Paul and Lesley agree to work with CPS and a network of family, friends and professionals to develop a plan that will show everyone that:  
- When Lesley comes to visit Paul she will stay with him and follow the rules they have agreed upon (including refraining from selling drugs)  
- Paul will follow through on the visits as he plans and calls Lesley and the program if he can not make it  
CPS will need to see this safety plan in place and working for a period of at least 6 months so everyone in the network are confident that Lesley can go home. |
| • CPS, the program and Grandpa Paul are all worried that Lesley will begin selling drugs again, that she could end up in a violent situation and could be seriously hurt |                                                                                              |

<table>
<thead>
<tr>
<th><strong>Self-Destructive Behavior: Alex, age 16:</strong></th>
<th></th>
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</table>
| • CPS, DMH, Jeff, Sarah and Alex are all worried that Alex will continue to run into the street when he is angry and that he could be hit by a car, become seriously injured or even die. | Alex agrees to work with Jeff, Sarah, CPS and DMH to show everyone that:  
- When he gets angry he will ask for help or take time to himself  
- When he gets angry he will not hurt himself or anyone else  
Everyone will need to see Alex doing this for 3 months so there is confidence that Alex can go home to Jeff and Sarah’s home. |
| • CPS, DMH, Jeff and Sarah are worried that when Alex gets very angry he may try to hurt other people (other kids in the program or staff) and that he if he does hurt someone else they could be really injured and Alex could end up in jail. |                                                                                              |
Family Safety Circles: Identifying people for the safety network

Family Safety Circles is a visual tool to help identify people for the child’s safety network and to help professionals and family members have conversations about safety networks, the role of the safety network and assessing who can be part of the safety network.

I usually use the family safety circles tool on the very first visit with a family, when I am talking about the need for us to work together to build a safety plan to address the concerns and the importance of having a safety network, of family and friends and involved professionals, who will work together to ensure that the children will always be safe in the family’s care in the future.

![Family Safety Circle](image)

**Process**

Initial question (inner circle): “Who are the people in your life and your child’s life who already know what has happened (that led to your child being in care/to child protection services being involved with your family)?

Middle circle: “Who are the people in your life and the kids’ lives who know a little bit about what has happened, who maybe know that something has happened but don’t know the details?”

Outer circle: “Who are the people who don’t know anything about what has happened?”

*Further information available in Family Safety Circles booklet (www.aspirationsconsultancy.com)*
Prompt sheet for using the Safety Circles

1. **Talking about the need for a safety network**
The first step in the process of using the Family Safety Circles tool flows directly out of the conversation with parents/caregivers about what we mean by a safety network and the fact that a safety network needs to be in place for safety planning to progress.

2. **The Inner Circle**
   “Who are the people in your life and your child’s life who already know about what has happened that led to your child/children being in care (or to child protection services being involved with your family)?”

**Giving compliments**
Pay attention to what parents/caregivers have already done that will help to build future safety and acknowledge this with compliments, wherever and whenever possible.

3. **The Middle Circle**
   “Who are the people in your life and the kids’ lives who know a little bit about what has happened; who don’t know the whole story but maybe know some of what has happened? Or maybe they know that something has happened but don’t know any of the details?”

4. **The Outer Circle**
   “Who are the people in your life and your children's lives who don’t know anything about what has happened?”

5. **Moving people from the outer circles to the inner circle**
   - “Who else from these outer circles do you think needs to be part of this inner circle?”
   - “Is there anyone in these two outer circles who you have thought about telling or come close to telling, but you haven’t quite gotten there yet?”
   - “Who would Grandma (for example - pick a person already in the inner circle) say needs to be in this inner circle with her?”
   - “Who would the kids want to have in this inner circle?”
   - “You know all of these people, I don’t know them yet, but who do you think I would want to have in this inner circle?”
   - “Who of all of these people do you feel most comfortable with/most understood by and think would be important to have as part of the safety network?”

6. **Discussing the following:**
   - What is the role of the safety network?
   - How many people do we need in the safety network?
   - What we mean by ‘safety’ people and how is this decided?
   - What do people need to know to be part of the safety network?
   - How do we ensure that everyone is informed about the concerns?
Principles of Safety Planning

1. It takes a village to raise a child. Safety planning involves wrapping a network of informed people around the child (family members, friends, other professionals who regularly see the child) who are fully aware of the concerns, who have been part of the safety planning process, and who will monitor the child’s ongoing safety. Involve as many significant people as possible in the safety network. To help families identify people for the safety network, ask the children who they would talk to if they were worried about something, and ask the parents/caregivers to identify the people who already know about what’s happened, who they talk to/turn to for support and who they think the children would talk to if they.

2. Safety Planning is a journey not a product. The safety plan will necessarily involve the family arranging their daily lives in different ways to their previous living arrangements. These changes cannot be put in place at all once. An effective safety plan takes time to be developed, refined and demonstrated. At a minimum we would suggest it usually takes at least two – three months to develop and refine an effective safety plan that stands a realistic chance of being implemented by the family and the safety network after the professionals withdraw from their lives. The safety plan is developed over time in negotiations between the family and professionals, usually as the family moves toward reunification. The plan is progressively refined and evolved as the family faces the challenges involved in demonstrating that the children are safe and that the alleged perpetrator is protected from any further allegations. The child protection worker must be involved in regular monitoring and follow-up with the children and all the adults involved in implementing the safety plan to determine whether the safety plan is working. In this way the family and professionals are implementing the definition of safety as strengths demonstrated as protection over time.

3. Relationships, relationships, relationships! The family, professionals and safety network are all involved in the safety planning journey, which means that there needs to be solid working relationships (between professionals and family members and between all the professionals) to get the job done. The relationships need to be focused on talking openly about the concerns and on eliciting everyone’s ideas about meaningful solutions.

4. The journey needs direction! Safety planning requires that everyone is clear about the dangers that need to be addressed (danger statements) and what the family needs to do to address the dangers (the safety goals). Effective safety planning is based on thorough and collaborative risk assessment.

5. The safety plan must describe specific behaviours that directly address the dangers. The safety plan must describe a specific set of behaviours and actions that everyone (parents, children, family network and professionals) agrees will demonstrate that the children will be safe from the maltreatment dangers that have been identified in their situation and will also protect the alleged abuser from further allegations/misunderstandings. A list of services that parents will attend is not a safety plan!

6. The children are involved as much as possible throughout the safety planning process. The ‘Words and Pictures’ method can be used to help children understand why they have been removed from their family’s care and/or why child protection services are involved with their family. The ‘Safety House’ tool can be used to explain the safety planning process to children and to elicit their views about what needs to change in the family for everyone to agree that they will be safe in the future (See www.aspirationsconsultancy for further information on the Safety House). The children also identify a safety object that physically indicates if the child is worried/feeling unsafe. The safety object is placed in the family home and everyone regularly checks the safety object to monitor how the child is feeling. The safety plan needs to be created in language understandable to the children so that it can then be presented to them and they can be involved in implementing and refining the safety plan. To make sure the children understand the safety plan, we involve them in creating pictures related to each rule of the safety plan.

7. The safety plan must be endorsed by the statutory authorities. The safety plan must be developed in conjunction with, and endorsed by the professionals who exercise statutory authority over the matter; usually child protection services workers and professionals involved through the court such as the guardian-ad-litum and solicitors. Social services also undertake the role of checking and approving each of the people nominated as safe adults for the family’s network.

8. Agreement about the past isn’t a bottom line, agreement about future safety is. It is always useful to have agreement between professionals and family members about the details of who and how the children were maltreated. However very often some or all family members will dispute the professionals’ views about what has happened and if professionals doggedly pursue an admission (for example from an alleged perpetrator of sexual abuse or unexplained injuries to an infant) this will inevitably break down the professional-family working relationships. Family agreement with the professional perspective isn’t necessary to work toward future safety. What is necessary is that the family and the safety network understand and acknowledge the seriousness of the professional concerns. As long as the family can do this it is then almost always possible to focus the work (and the relationships) on building future safety. (For further exploration of this way of working with ‘denial’, see Turnell and Essex, 2006).
Steps for Developing an Ongoing Safety Plan

Once you have mapped, created Danger Statement(s) and Safety Goal(s), you are in position to help the family figure out ‘how’ they are going to achieve that goal that mitigates the danger.

This is a process that can take more than one meeting, but starts by sitting with the family/network together thinking through the critical question:

“When needs to happen so that we all will know the children are safe?”

Work toward a clear set of guidelines that all can agree with by:

1. **Orienting the family**  
   Be clear with families/network about what a safety plan is and how it relates to the Safety Goal. Show them examples. Acknowledge this will require large changes by them that may be difficult. Know this may take more than one meeting.

2. **Coming prepared**  
   Draft detailed actions family/network could do that would respond/fulfill the Safety Goal. Bring those as a place to start.

3. **Collaborating**  
   Solicit family, network and children’s ideas for if/how this could happen, why it may or may not work, what else needs to be added. Be willing to change your draft if Safety Goal is still met.

4. **Asking good questions**  
   Ask “What’s might get in the way, what will happen if...” Ask about unusual scenarios: Child being sick, needing to be transported to unusual place, caregiver or network members being sick. When you are unsure, scale willingness, confidence, capacity.

5. **Including monitoring and feedback loops**  
   Ask “How will we know?” questions again and again...including a clear strategy for monitoring the plan and a review timeline.

6. **Presenting it to the children**  
   Presenting the plan to the kids in a straightforward way and allowing the kids to contribute to it by drawing is much more powerful then just a commitment between worker + family.
Three Houses Tool
Created by Nicki Weld and Maggie Greening, New Zealand

A tool for involving children and young people in child protection assessment and planning. Detailed “Three Houses” booklet and DVD available at www.aspirationsconsultancy.com

Three Houses Case Examples
Emma’s Three Houses (8-year-old girl)

Worries
- That Mum yells at me.
- I don't like getting beaten by Mum.
- I don't like seeing my brother and sister getting hurt by my mum.
- Mum slapped Kate really hard on the leg.
- Mum nicked Jacob on the bottom.
- I don't like my mum hitting Jacob and Kate in front of my friends.
- They say they don't want to come to play with me at my house.
- I'm worried that when grandad is gone, keep getting hit by my mum.
- My mum drinks “Wild turkey” with vodka.

Good Things
- I feel safe if the court decides that I can live with my dad because he doesn't have any drugs and I won't get hurt at his place.
- I can see my grandad and my uncle and his girlfriend when I go to my Nana's house.
- I like that I get fit when I'm with my dad and don't get fed junk food.

Dreams
- I wish I could live with both mum and dad together.
- I wish I wasn't yelled at by Mum.
- I wish that I lived in a better house (that my mum's house was a better house).
- I wish I could swim anywhere.
- I wish that Grandad would always stay with me.
- I wish that Mum would wake up in a better mood.
- I wish I could live with my dad.
- I wish that I could see my mum every second weekend so that I wouldn't get yelled at so much.

Kaden’s Three Houses (5-year-old boy)
Work of Jo Goodwin, Reunification program, Perth
Three Houses Process

1. **Preparation:** In preparing to do the ‘Three Houses’ with a child or young person, it can be helpful to find out as much background information as you can. The other important part of preparation is working out what materials you will need to take. At a minimum, you will need sheets of paper (preferably one for each house, as well as some spares) and some coloured pencils and textas. The other important decision is where to meet with the child. If possible, choose a venue where the child is likely to feel most comfortable is important, particularly for your first meeting.

2. **Inform parents and obtain permission to interview child/ren.** Sometimes, child protection workers have to interview children without advising or seeking the permission of the parents or primary caregivers. Wherever possible, the parents should be advised/asked in advance and showing the ‘Three Houses’ Tool to the parents can help them to understand what the worker will be doing.

3. **Make decision whether to work with child with/without parents present.** Again sometimes child protection workers need to insist that they speak with the children without a parent or caregiver present. Wherever possible it is good to make this a matter of choice for the parents and the child, but when this isn’t possible, all efforts should be made to provide an explanation to the parents as to why the worker feels it is necessary to speak to the child on their own.

4. **Explain and work through 3 houses with child** using one sheet of paper per house. Use words and drawings as appropriate and anything else you can think of to engage child in the process. They can re-name houses, use toys, lego houses, picture cuts outs etc. etc. Give child choice about where to start. Often start with ‘house of good things’ particularly where child is anxious or uncertain.

5. **Explain to and involve the child or young person in what will happen next.** Once the ‘Three Houses’ interview is finished it is important to explain to the child or young person what will happen next, and to obtain their permission to show the ‘Three Houses’ to others, whether they be parents, extended family, or professionals. Usually children and young people are happy for others to be shown their ‘Three Houses’ assessment of their situation, but for some children there will be concerns and safety issues that must be addressed before proceeding with presenting what they have described to others.

6. **Present to parents/caregivers** usually beginning with ‘house of good things’. Before showing the child’s 3 Houses, it can be useful to ask the parents: ‘What do you think the child would say is good/worried about/dreams of?’
The Safety House Tool

A tool for involving children and young people in the safety planning process.

Further information available in the Safety House booklet available at www.aspirationsconsultancy.com
Zoe's Safety House

Rules
1. No fighting or hitting because I get really hurt and mum gets hurt.
2. Shane can't come around and if he bashes on the door, mum will tell him to go away or 3. If mum gets really sad then and then she doesn't get up. Nana could come over now and I don't go to my school because I like my school to stay at my school and I want to go to a new school and I want

mum running yummy things

Big lock on the door

Mum and Fluffy coming to play and Fluffy sleeping on my bed with me

My foster family would come and visit me and I would still sleep on someone's

I like my mums friend Andrea and when the times over she would help mum

not shane he can't come over
Prompt sheet for using the Safety House

1. Inside the Safety House: The inner circle and inside the four walls

Inner circle:
- Child draws her or himself in the inner circle (leaving space to draw others).
- Who else would live in your Safety House with you?

Inside the house:
- Imagine that your home/house back with ________ (e.g. mummy and daddy) was as safe as safe and you felt as safe and happy as possible, what sorts of things would ______ (eg. Mummy, Daddy, big sister) be doing?
- What are the important things that ______ (eg Mummy and Daddy) would do in your Safety House to make sure that you are safe?
- Are there any important objects or things that need to be in your Safety House to make sure that you are always safe?

2. Visiting the Safety House: The outer circle

- Who would/will come to visit you in your Safety House to help make sure that you are safe?
- When ______ (each of the safety people identified above) come to visit you in your Safety House, what are the important things that they need to do to help you be safe?

3. The red circle: Unsafe people

- When you go home to live with ______ (eg. Mum and Dad), is there anyone who might live with you or come to visit who you would not feel completely safe with?

4. The roof

- “Remember we talked about how all those adults are talking together to make a safety plan for when you go home? One of the things they are trying to decide is what the rules of the safety plan should be. What do you think? What would the rules of the house be so that you and everyone one would know that nothing like ______ (use specific worries) would ever happen again?”
- “What else and what else?”
- “If your ______ (sister/brother/Nana etc) was here, what would they say?”

5. The Safety Path

- If the beginning of the path is where everyone was very worried and you weren’t able to live with Mum and Dad and you had to go and live with ______ and the end of the path at the front door is where all of those worries have been sorted out and you will be completely safe living with Mum and Dad, where do you think things are right now?
- If the beginning of the path is that you feel very worried that if you go home to live with Mum (or have an overnight stay) that Mum will start using drugs again and then not be able to look after you properly and the end of the path at the door is that everything in your Safety House is happening and you’re not worried at all that Mum will use drugs again, where are you right now?
What’s the difference between these two plans?

PLAN #1
- Cheryl needs to go to the therapist weekly to work on depression and the causes and the impact it has on her life.
- Cheryl needs to go to the psychiatrist at least monthly to make sure she is taking her medication and this is working properly.
- Cheryl needs to attend a therapeutic group for ‘women facing depression’ weekly so she can hear how other women have responded to this.
- Cheryl needs to go to job retraining course.
- Cheryl needs to go to parenting class.

PLAN #2
- Neighbor Paul, sister Sarah, foster mother Trina and outreach worker Betsy all agree to be a part of Cheryl’s safety network.
- Cheryl will ask for help with the children if she is feeling less than a 3 on a 10 point scale for depression, where 1 = very depressed.
- Cheryl will not be alone if she is thinking about hurting herself again and will ask for help from someone in the network if this happens. All network members agree to take Cheryl’s calls.
- Cheryl agrees to keep a logbook of her work in resisting the worse parts of the depression. She will scale the impact of the depression every day in the book, and write details of what is helping her reduce that impact.
- Paul, Sarah, and Trina all agree to call or visit once daily (one in the morning, one in the afternoon, one in the evening). They will talk to Cheryl, ask how she is doing and also scale the impact of depression on her. They will also talk to the kids and ask them how they are doing. When the network visits they will also write in the logbook and ensure the children have their #’s as well.
- Cheryl, the safety network and CPS will meet to review this plan again in 3 weeks.
Through Aspirations Consultancy, Sonja Parker provides consultation and training to child protection organizations and practitioners around the world to support them in building their skills in the Signs of Safety approach and safety-organised child protection practice. Sonja Parker also works directly with families as an independent practitioner, providing child protection services in high-risk cases and in situations of 'denied' child abuse.

Sonja has developed a blog which will provide ongoing information about exciting and inspiring practice moments from around the world. 

Click here to take a look.
Leadership in the Age of Complexity: From Hero to Host

Margaret Wheatley ©2010

published in Resurgence Magazine, Winter 2011

For too long, too many of us have been entranced by heroes. Perhaps it’s our desire to be saved, to not have to do the hard work, to rely on someone else to figure things out. Constantly we are barraged by politicians presenting themselves as heroes, the ones who will fix everything and make our problems go away. It’s a seductive image, an enticing promise. And we keep believing it. Somewhere there’s someone who will make it all better. Somewhere, there’s someone who’s visionary, inspiring, brilliant, trustworthy, and we’ll all happily follow him or her. Somewhere...

Well, it is time for all the heroes to go home, as the poet William Stafford wrote. It is time for us to give up these hopes and expectations that only breed dependency and passivity, and that do not give us solutions to the challenges we face. It is time to stop waiting for someone to save us. It is time to face the truth of our situation—that we’re all in this together, that we all have a voice—and figure out how to mobilize the hearts and minds of everyone in our workplaces and communities.

Why do we continue to hope for heroes? It seems we assume certain things:

• Leaders have the answers. They know what to do.
• People do what they’re told. They just have to be given good plans and instructions.
• High risk requires high control. As situations grow more complex and challenging, power needs to shift to the top (with the leaders who know what to do.)

These beliefs give rise to the models of command and control revered in organizations and governments world-wide. Those at the bottom of the hierarchy submit to the greater vision and expertise of those above. Leaders promise to get us out of this mess; we willingly surrender individual autonomy in exchange for security.

The only predictable consequence of leaders attempts to wrest control of a complex, even chaotic situation, is that they create more chaos. They go into isolation with just a few key advisors, and attempt to find a simple solution (quickly) to a complex problem. And people pressure them to do just that. Everyone wants the problem to disappear; cries of “fix it!” arise from the public. Leaders scramble to look like they’ve taken charge and have everything in hand.

But the causes of today’s problems are complex and interconnected. There are no
simple answers, and no one individual can possibly know what to do. We seem unable to acknowledge these complex realities. Instead, when the leader fails to resolve the crisis, we fire him or her, and immediately begin searching for the next (more perfect) one. We don’t question our expectations of leaders, we don’t question our desire for heroes.

The Illusion of Control

Heroic leadership rests on the illusion that someone can be in control. Yet we live in a world of complex systems whose very existence means they are inherently uncontrollable. No one is in charge of our food systems. No one is in charge of our schools. No one is in charge of the environment. No one is in charge of national security. No one is in charge! These systems are emergent phenomena—the result of thousands of small, local actions that converged to create powerful systems with properties that may bear little or no resemblance to the smaller actions that gave rise to them. These are the systems that now dominate our lives; they cannot be changed by working backwards, focusing on only a few simple causes. And certainly they cannot be changed by the boldest visions of our most heroic leaders.

If we want to be able to get these complex systems to work better, we need to abandon our reliance on the leader-as-hero and invite in the leader-as-host. We need to support those leaders who know that problems are complex, who know that in order to understand the full complexity of any issue, all parts of the system need to be invited in to participate and contribute. We, as followers, need to give our leaders time, patience, forgiveness; and we need to be willing to step up and contribute.

These leaders-as-hosts are candid enough to admit that they don’t know what to do; they realize that it’s sheer foolishness to rely only on them for answers. But they also know they can trust in other people’s creativity and commitment to get the work done. They know that other people, no matter where they are in the organizational hierarchy, can be as motivated, diligent and creative as the leader, given the right invitation.

The Journey from Hero to Host

Leaders who journey from hero to host have seen past the negative dynamics of politics and opposition that hierarchy breeds, they’ve ignored the organizational charts and role descriptions that confine people’s potential. Instead, they’ve become curious. Who’s in this organization or community? What skills and capacities might they offer if they were invited into the work as full contributors? What do they know, what insights do they have that might lead to a solution to this problem?

Leaders-as-hosts know that people willingly support those things they’ve played a part in creating—that you can’t expect people to ‘buy-in’ to plans and projects developed elsewhere. Leaders-as-hosts invest in meaningful conversations among people from
many parts of the system as the most productive way to engender new insights and possibilities for action. They trust that people are willing to contribute, and that most people yearn to find meaning and possibility in their lives and work. And these leaders know that hosting others is the only way to get complex, intractable problems solved.

Leaders-as-hosts don’t just benevolently let go and trust that people will do good work on their own. Leaders have a great many things to attend to, but these are quite different than the work of heroes. Hosting leaders must:

- provide conditions and good group processes for people to work together.
- provide resources of time, the scarcest commodity of all.
- insist that people and the system learn from experience, frequently.
- offer unequivocal support—people know the leader is there for them.
- keep the bureaucracy at bay, creating oases (or bunkers) where people are less encumbered by senseless demands for reports and administrivia.
- play defense with other leaders who want to take back control, who are critical that people have been given too much freedom.
- reflect back to people on a regular basis how they’re doing, what they’re accomplishing, how far they’ve journeyed.
- work with people to develop relevant measures of progress to make their achievements visible.
- value conviviality and esprit de corps—not false rah-rah activities, but the spirit that arises in any group that accomplishes difficult work together.

Challenges from Superiors

It’s important to note how leaders journeying from hero to host use their positional power. They have to work all levels of the hierarchy; most often, it’s easier to gain support and respect from the people they lead than it is to gain it from their superiors. Most senior leaders of large hierarchies believe in their inherent superiority, as proven by the position they’ve attained. They don’t believe that everyday people are as creative or self-motivated as are they. When participation is suggested as the means to gather insights and ideas from staff on a complex problem, senior leaders often will block such activities. They justify their opposition by stating that people would use this opportunity to take advantage of the organization; or that they would suggest ideas that have no bearing to the organization’s mission; or that people would feel overly confident and overstep their roles. In truth, many senior leaders view engaging the whole system as a threat to their own power and control. They consistently choose for control, and the resultant chaos, rather than invite people in to solve difficult and complex problems.

Leaders who do know the value of full engagement, who do trust those they lead, have to constantly defend their staff from senior leaders who insist on more controls and
more bureaucracy to curtail their activities, even when those very activities are producing excellent results. Strange to say, but too many senior leaders choose control over effectiveness; they’re willing to risk creating more chaos by continuing their take-charge, command and control leadership.

Re-engaging People

Those who’ve been held back in confining roles, who’ve been buried in the hierarchy, will eventually blossom and develop in the company of a hosting leader. Yet, it takes time for employees to believe that this boss is different, that this leader actually wants them to contribute. It can take 12 to 18 months in systems where people have been silenced into submission by autocratic leadership. These days, most people take a wait-and-see attitude, no longer interested in participating because past invitations weren’t sincere, or didn’t engage them in meaningful work. The leader needs to prove him or herself by continually insisting that work cannot be accomplished, nor problems solved without the participation of everyone. If the message is sincere and consistent, people gradually return to life; even people who have died on the job, who’re just waiting until retirement, can come alive in the presence of a leader who encourages them and creates opportunities for them to contribute.

Leaders-as-hosts need to be skilled conveners. They realize that their organization or community is rich in resources, and that the easiest way to discover these is to bring diverse people together in conversations that matter. People who didn’t like each other, people who discounted and ignored each other, people who felt invisible, neglected, left out—these are the people who can emerge from their boxes and labels to become interesting, engaged colleagues and citizens.

Hosting meaningful conversations isn’t about getting people to like each other or feel good. It’s about creating the means for problems to get solved, for teams to function well, for people to become energetic activists. Hosting Leaders create substantive change by relying on everyone’s creativity, commitment and generosity. They learn from firsthand experience that these qualities are present in just about everyone and in every organization. They extend sincere invitations, ask good questions, and have the courage to support risk-taking and experimentation.

Are You a Hero?

Many of us can get caught up acting like heroes, not from power drives, but from our good intentions and desires to help. Are you acting as a hero? Here’s how to know. You’re acting as a hero when you believe that if you just work harder, you’ll fix things; that if you just get smarter or learn a new technique, you’ll be able to solve problems for others. You’re acting as a hero if you take on more and more projects and causes and have less time for relationships. You’re playing the hero if you believe that you can save the situation, the person, the world.
Our heroic impulses most often are born from the best of intentions. We want to help, we want to solve, we want to fix. Yet this is the illusion of specialness, that we’re the only ones who can offer help, service, skills. If we don’t do it, nobody will. This hero’s path has only one guaranteed destination—we end up feeling lonely, exhausted and unappreciated.

It is time for all us heroes to go home because, if we do, we’ll notice that we’re not alone. We’re surrounded by people just like us. They too want to contribute, they too have ideas, they want to be useful to others and solve their own problems.

Truth be told, they never wanted heroes to rescue them anyway.

Parts of this article are excerpts from *Walk Out Walk On: A Learning Journey Into Communities Daring to Live the Future Now*. Margaret Wheatley & Deborah Frieze. Berrett-Koehler Publishers, Forthcoming April 2011.
REFERENCES FOR MORE DETAILS

Overall


NOTE: This resource is really the most up-to-date resource on Signs of Safety and has material on each of the sections listed here.


On Inquiry and Using Questions as an Intervention


On Working with Children


On Mapping


On Building Networks


On Safety Planning

