



# Partnership Information Session

Chris Ring – Durham Children's Services

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# AIMS

- Context for Durham Children's Services;
- Outlining the Signs of Safety approach and purpose;
- Identifying some of the terms, tools and techniques used in practice;
- Identifying what this means to you in practice for your agency;
- Identifying what needs to happen next.

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# Context for Durham Children's Services

- OFSTED inspection 2016 – Requires Improvement.
- Acknowledgement that our practice was inconsistent and needs to improve.
- Agreement that a practice framework is critical to supporting practice improvement.
- Early 2018 – Partners information session with North Yorkshire County Council
- Agreement to implement Signs of Safety in DCC.
- May 2018 – LSCB Working Together Sub-Group

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# Signs of Safety – What is it?

- Framework for child protection practice developed in late 1980s by Andrew Turnell and Steve Edwards.
- Originated from an exploration of how Solution Focused Brief Therapy fitted with Child Protection Work
- Framework has grown to encompass Early Help through to Children in Care

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# 3 Core Principles

1. **Working relationships are paramount:** to enable honest and respectful discussions of concerns and worries
2. **Thinking critically – a questioning approach:** to minimize error a culture of shared reflective practice and a willingness to admit you may be wrong is needed. “The single most important factor in minimizing errors (*in child protection practice*) is to admit that you may be wrong.” (Munro,2008:p.125)
3. **Landing grand aspirations in everyday practice:** Command and control social work V what on the ground good practice with complex and challenging cases looks, smells and lives like.

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# Signs of Safety Practice Disciplines

1. A clear and rigorous understanding of the distinction between past harm, future danger and complicating factors.
2. A clear and rigorous distinction made between strengths and safety
3. Rendering all statements in straightforward, rather than professionalised language that can be understood by clients.
4. All statements should focus on specific, observable behaviours (e.g. 'Mary is not taking prescribed medication or attending appointments with the psychiatrist') and avoid meaning-laden, judgment-loaded terms (e.g. she is 'controlling', 'he is in denial', 'she's an alcoholic')
5. Skilful use of authority
6. An underlying assumption that the assessment is a work in progress rather than a definitive set piece

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# Tools, terms, techniques

- **MAPPING**
- **DANGER STATEMENTS**
- **SAFETY GOALS**
- **SCALING QUESTIONS**
- **HARM MATRIX**
- **DIRECT WORK**
- **WORDS AND PICTURES**
- **SAFETY PLAN**

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## Thinking about the child/teenager and the family situation in this child protection case:

What are we worried about?	What's working well?	What needs to happen?
HARM	Safety	Next Steps
Complicating Factors	Strengths	
<b>DANGER STATEMENTS</b>		<b>SAFETY GOALS</b>

On a scale of 0–10 where 10 means the child/teen is safe enough and we can close the case and zero means things are so bad for the young person we must remove them into care immediately, where do you rate this situation today?  
Put different judgement numbers on scale for different people, e.g. different professionals, child, parents etc.

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# DANGER STATEMENTS

- Britt and Lynnea from CPS can see how much Mum Lee and Dad Fred love and care for Mari, Tracey and Agi when they come to see them at the office and everyone has big smiles, lots of love and hugs. Lee and Fred say they hate that they don't have the girls at home with them and will do anything to have them back.
- Before they went to foster care, there were some big worries about the girls not being looked after well enough by Lee and Fred and being left with people who were not safe. The girls' school told the social workers that often the girls were wearing dirty clothes and smelled of urine. When Britt and Lynnea visited, the house was a real mess. There were clothes, dirty dishes and cigarette ash everywhere and the girls weren't always taken to important medical appointments.
- Britt and Lynnea at CPS are worried that if the children go back to live with Lee or Fred, the problems will continue and the children might get hurt or sick from not being kept clean, not being fed enough healthy food, not having a safe and clean place to live and not getting to the doctor when they are sick.
- Britt and Lynnea are also worried that if the children go home to live with Lee or Fred, they might get left with people who have been drinking, using drugs or who don't know how to look after children properly, like the time when Lee asked Fred to look after Tracey and the police said that Fred was so drunk he was stumbling around the place and walking sideways. If this sort of thing keeps happening, then Lynnea and Britt are worried that the children will be scared and could end up getting badly hurt.

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# SAFETY GOALS

- Lynnea, Britt and their manager at CPS, Johanna, want Mari, Tracey and Agi to return to live at home with Lee or Fred because it is clear both Lee and Fred love the girls and the girls love their Mum and Dad.
- For that to happen, workers at CPS need Lee and Fred to work with the social workers to create a story that explains to Mari, Tracey and Agi why they don't live with them at the moment. They also need Lee and Fred to find some people who will work with them and CPS to make and follow a detailed safety plan to show everyone that the girls will have a clean house to live in, clean beds to sleep in, clean clothes to wear, will be kept clean, will be given food that fills them up, and will get to see a doctor when they need to, no matter what is happening in Mum's or Dad's life. The plan also needs to show everyone that the girls will always be looked after by an adult who is sober, treats them well, and is a known member of the safety network. When the plan is finished, Lee and Fred and their support people will explain it to Mari, Tracey and Agi so everyone understands the rules.

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# SCALING QUESTIONS

- On a scale of 0-10, where would you rate things today? 10 means that if the children returned home tomorrow to live with Lee or Fred, it would be to a home that is warm and clean, where there are people to help, with a clear plan in place that shows how the girls have clean clothes and good meals, will be able to attend all their doctor appointments and cared for by a safe, sober adult. 0 means that nothing has really changed at all yet and there is no plan for how things could be different, and even though Mum and Dad really love and miss the children, things would probably be the way they were when the children went into foster care and it wouldn't be long before they were scared, sick or in danger of getting hurt again.

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# Adapting the model

- SIGNS OF WELLBEING
- SIGNS OF SAFETY
- SIGNS OF SUCCESS

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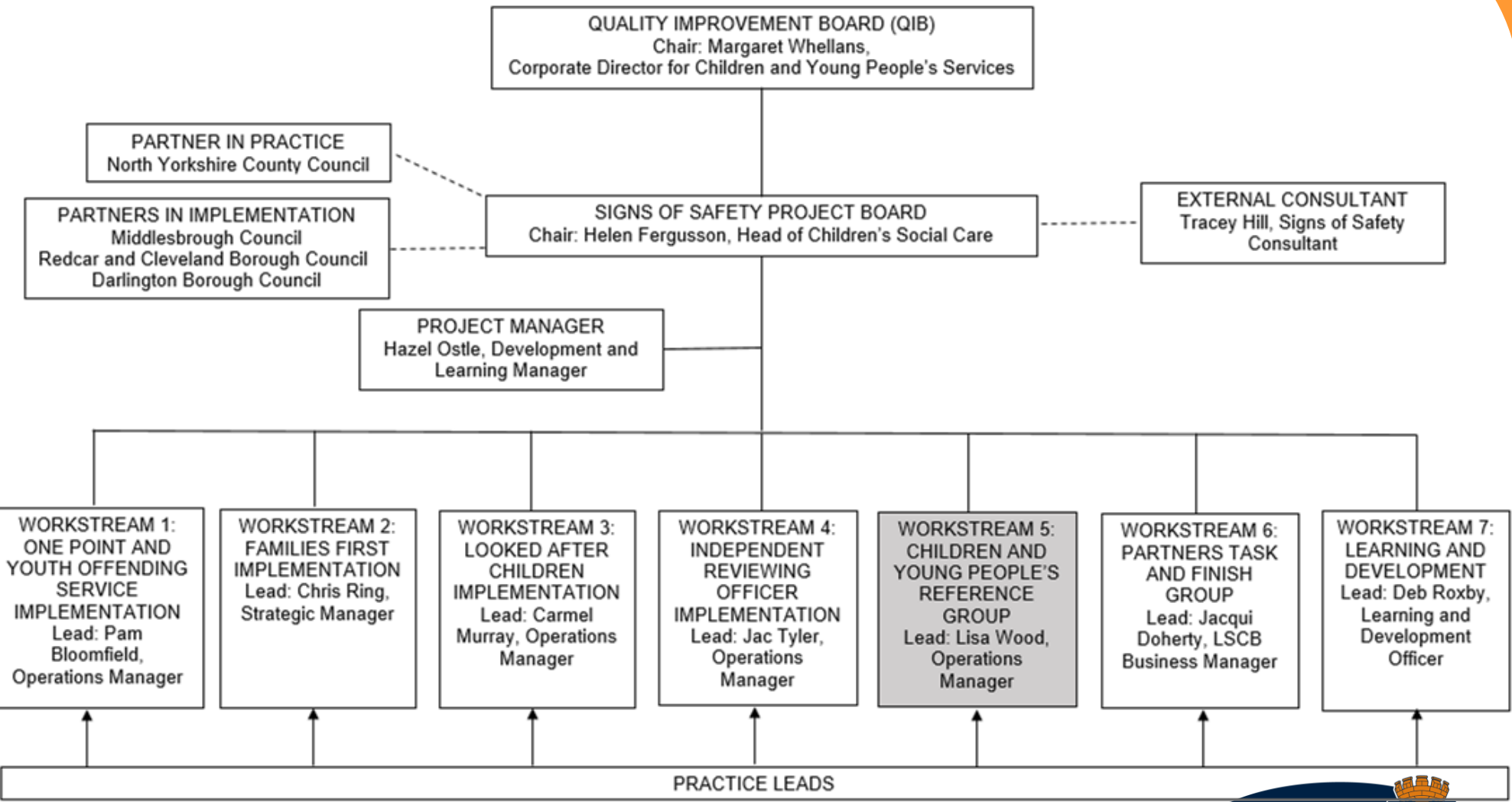
# What you may start to see...

- Danger statements and safety goals within MASH reports
- Danger statements and safety goals within assessments and reports
- Use of scaling questions within strategy meetings
- Use of scaling questions within Child Protection Conferences
- Mapping framework used within TAF meetings
- A change of language and more questions !

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# Governance Structure



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