



When parents and network create safety for the child

— AN EVALUATION OF “SAFETY PLANS” AS PART OF WORKING WITH CHILDREN AT RISK IN DEPARTMENT OF SOCIAL SERVICES CITY OF COPENHAGEN



“I was alone and always thought that I did not have any network at all, but they were right there – I just did not use them” (quotation from a parent in a safety plan)

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Introduction

How do we improve the work in relation to the very vulnerable families and their children?

How do we create a constructive co-operation with a family, when there are great concerns as to the safety and well-being of the children in the home?

Are there other useful solutions than placing the children?

For a number of years these questions have been debated among social workers and leaders at Copenhagen children and families services. Research has shown that placed children often are disadvantaged in their adult life compared to other children- which increases the importance of finding additional preventive services more well-suited to the child's needs.

It is important to state that a placement outside the home may still be the only or best solution for children at risk. Safety plans are not a universal solution that works for all families. But for some of the children in danger of being placed there may very well be alternative solutions for establishing a safe environment for their upbringing and daily life in their home. This could be involving the family in a Safety plan.

Experience from the study clearly shows that safety plans can be a contributory motivational factor in the process of motivating parents for a voluntary placement of their child and thus making the placement a more positive experience for the child.

This is an evaluation of the Copenhagen children and families services use of safety plans to prevent placement outside the home when children are at risk, as part of the social services for children and young people.

Evaluator, cand.scient.soc. Tove Holmgård Sørensen has evaluated the city's efforts working with safety plans during the period 15.09.2011 -31.12.2012.

This assessment is a formative assessment, where the evaluator has been in steady contact with the front line workers. This means that the knowledge gathered by the evaluator is communicated to employees and leaders and has been integrated into the ongoing development of methods and continuous development of competences.

This has been communicated through sub-reports, oral presentations for target audience and in various professional fora.

The assessment has become an integrated part of the development process in 2012 and by that token helped to ensure a common description of methodology, ongoing evaluation of methods, adjustment and upgrading of practices and knowledge sharing across Copenhagen City.

This final report sums up the results from all of the entire process of evaluation.

A more in-debt description of the design of the evaluation, the research methodology, data and the actual process of evaluation is found in the supportive documents section in the back of the book.

Summary

The Copenhagen children and families service has since 2009 been working with the safety planning approach in relation to children at risk and their families. From the 1st of September 2009 all 8 local centres in the city of Copenhagen has established safety planning's groups. The safety planning work is evaluated in 2012 and all the results are presented in this rapport.

What is a safety plan in Copenhagen?

A safety plan is a very intensive approach that combines extensively case work and control with family treatment and involving the family's private network. The target group is families with children where there are considerable worries for the children's safety and wellbeing and where there could be basis for at placement outside the home. With this approach the child stays with the family while a comprehensive plan is put in place with agreements for the child daily life, professional control, therapeutic work with the parents while the families private network is involved. The approach is also used when children are reunited with their families.

The target for 2012 was, to work with 40 safety plans in Copenhagen children and families service each year. This is a relative small share of the 1400 children that was placed outside the home in 2011.

In this way, there is no expectation, to replace all placements with a safety plan. This approach will not be a possibility in all families and for many children at risk, a placement outside the home will still be the best solution.

We also see families where other types of services with professional support, would be at more real solution for the child and family. This could be families who don't have a private network who will or can participate in a safety plan. A safety plan as a preventive service (for preventing placement of children outside the home) is a part of the Copenhagen children and

families service on equal terms as other of the city's preventive services and are offered families on the basis of a professional assessment and a management decision.

What are the success criteria for the safety planning work?

The following represent the success criteria for the safety planning work within the city of Copenhagen:

- To establish common procedure around the safety planning work in a Danish context
- To establish safety planning groups in all 8 local centres in Copenhagen Children and Families Service
- That all safety planning workers get supervision and continually are developing on their skills especially according to the safety planning work and method
- That all 8 local centres together works with 40 safety plans per year
- That placements are avoid in 5-6 families where there are established a safety plan. The numbers is valid for both reunifications and avoid placements for children already living at home. The number includes the whole city of Copenhagen per year.

How many safety plans has been develop?

Since 2009 there has been 66 safety plans including 103 children. 37 of these safety plans are closed. In 2012 there was until November develop 43 safety plans.

What type of families are parts of a safety plan.

In order for a family to participate in a safety plan- the following requirements must be met:

1. There must be reasons for a decision to take the child into care and have it placed out of home.
2. That the family has a private network that wishes to play an active role in a safety plan.
3. That the parents will cooperate in the establishment of the safety plan.

All families have been in a difficult situation and there have been expressed concerns about the safety and well-being of the child.

The concerns about the families are based on parents: suffering from mental illnesses, having a substance abuse; are under suspicion of violent behaviour; issuing treats; sexual abuse, exposing the child to massive neglect; exhibiting unclear parental abilities with infants, suffering from serious physical illnesses, having siblings already placed outside their original home - or that the physical premises of the home poses a health risk.

In 2012 more than half the families were of a different ethnic origin than Danish. There has been almost equal balance between the sexes – with slightly more boys than girls – and 44% of the children were under school age (under 6 years).

What are the results of the implementation of the safety plan concept?

4 safety plans have been concluded in 2012 and the plans has meant that about 2/3 of the children have been able to remain at home and have established a safe home environment thanks to the private network.

Often the concerns from social services, as to the safety and well-being of the child, have disappeared completely and one has been able to close six cases involving children.

The level of concern for some children has been lessened and they have been able to remain in their home – with the support of the private network and a few preventive services. In 5 cases the safety plan has been abandoned and the child has been placed out of home. Three of which have consensual placements of the child and two without the consent of the parents. According to the caseworkers the placements outside of home turned out well – with positive co-operation with the parents. This also goes for the cases of the non-consensual placement of a child.

Since 2009 a total of 37 safety plans have been concluded. For almost 90% of the families the status of their family case is still unchanged. This means that none of the closed cases have been reopened and none of the children have been placed outside their home following the end of the safety plan. In the case of two families the order to place the child out side home was later changed to so that the children were returned to their home.

How have the users experienced having a safety plan?

There has been conducted a qualitative survey among 10 families with an ongoing safety plan – where 15 parents and 6 private network members have been interviewed.

Parents and members of the private network express that a safety plan is better for the children compared to the child being placed outside their home and that they were happy that they had been offered this opportunity. Participation in a safety plan is a hard and a demanding process both on the parents as wells as for members of the private network. They mention a lot of challenges, dilemmas and conflicts of loyalty as part of this preventive service. Despite this both parents and members of the private network generally appreciate the method and think that the city of Copenhagen should continue to offering this approach.

Evaluations points out the following benefits from using safety plans.

1. A detailed and comprehensive method for social work.

Safety plans must have the required organizational framework and the right staffing to carry out the extra intensive preventive service and to make detailed and comprehensive social work with the family and its network. The assessment shows that the investment in this type of framework “pays off “ as many of the children’s well-being has increased and they have not been offered an out of home placements.

2. Parents and network understands the seriousness of the situation and assumes responsibility.

The safety plan method makes the parents and members of the safety network understand the concerns and fully realize the seriousness of the situation and start assuming responsibility for making the necessary changes in the child’s everyday life.

3. The families feel listened to and included in the process.

The resolutions approach in the method promotes an opportunity of making partnerships with most families, where the parents feel listen to and both children, parents and the network are included in the process and as a part in the solutions.

4. Everybody knows about the concerns and agreements.

The safety plan includes everybody surrounding the child, so that all those involved gets a heightened focus on the well-being of the child and know the plan and all the agreements. This goes for all the professionals in day-care, schools and youth clubs, which are part of the daily life of the child.

5. The relation of authority, treatment and network.

The method combines authority and a supervision of

the therapeutic process of the family work and the inclusion of the network. All actors work closely with the family and the plan.

6. Increased competences and involvement on part of the employees.

The structure of the approach put priority on interdisciplinary exchange of reflections and development of skills among the employees. This increases commitment on part of the employees and forms a firm belief in the method which rubs off on the families sentiments towards the method itself. At the same time it increases the focus of the employees’ and their experiences regarding involvement of the network. This can also be applied to other aspects of social work.

7. One can achieve an improved process concerning placements of children outside of home.

The process of establishing and executing a safety plan can become an impetus for the parents to accept a placement of their child- thus leading to some placements, where the parents and the private network do not offer resistance to the process, but rather participate in a productive manner. This also leads to a placement, where the grounds for the placement are clearer to all actors – including the child in question.

8. The type of social intervention is less expensive than out of home placements.

The evaluation identifies the following challenges when using safety plans.

1. This it is a change of culture, in the way we work and think about social services.

Safety plans hand back the responsibility to the family and make involvement of the network an integrated part of solutions regarding the child. This requires some new thinking on part of the employees, management, parents and their network.

2 The method creates safety – but does it also create well-being and development for the child?

Safety plans are able to create immediate safe conditions for the daily life of the child – however we need more knowledge about the aspects of the well-being of the children and how they develop throughout the duration of the safety plan and after the termination of the plan. It is important to keep a focus on how the children deal with the arrangements made and if the children's needs for development are adequately met in the plans. Furthermore – it is important to monitor the development of the children once the safety plan is concluded.

3. The legal position of the parents is not always clear enough in the plans.

Quite unlike the UK, where a safety plan is part of a legal ruling, Danish parents are not obliged to participate in a safety plan. This raises some questions about the legal rights of the parents in respect to the arrangements and agreements of the safety plan and the consequences of not adhering to the agreements.

These legal questions are currently being looked into by lawyers working in social services in the city of Copenhagen.

4. Parents feel scrutinized.

Parents may experience difficulties in family members and friends who become both supporters and supervisors – and some parents feel that they are under surveillance. There is an inherent challenge in adapting

the method, so that the parents and the home is monitored to a degree that provides sufficient safety for the child and at the same time allows room for adult life – as well as a family life.

5. It is a demanding task being a network person.

It can be both a practical and emotional burden for the network persons to be a part of a safety plan. The new role may include many dilemmas and potential conflicts of loyalty. The safety plan groups are currently working on clarifying the role of the network and how to offer the best support to the network.

6. The organizational framework and the managerial support is crucial.

Working with safety plans require the necessary organizational framework – offering of time resources allocated to the families, a flexible mode of operation, interdisciplinary two man teams and support from local management. If these conditions are not met it will be very difficult to make this type of intervention effective and intensive enough and thus provide sufficient quality to the safety plans.

Conclusion

In 2012 the safety plan concept has become a city wide offer and there have been established local safety plan groups, which works according to professional know-how and well-described method.

During 2012 there have been executed 43 safety plans. In 2/3 of the concluded cases, this type of intervention have meant that the child has been able to remain at home due to intensive efforts by officials, intensive intervention with the family at risk, and active inclusion of the safety network. This has created a safe home environment for the everyday life of the child. This is the case for 9 families. Thus the outlined success criteria for working with safety plans have been met.

Users as well as employees are happy for the method and encourage the city of Copenhagen to continue the use of the approach.

There are however many challenges in using the method – both in regard to the organizational framework as well as to the practical implementation of the method – and in the coming years there is a need for developing, refining quality-assurance and adapting the method to a Danish context. There will be a need for professional attention to the well-being and development of the children both during and after the conclusion of a safety plan, as well as how to offer support to the safety network in their new roles, as safe adults in the family.

At the same time it is clear that some elements of the method is applicable to other parts of the social work with vulnerable families and thus it could be spread out to other aspects of the practice of social work.

User survey- what do the parents think about the safety plan approach?

“I am happy that I live in the city of Copenhagen – which allows me these opportunities. I really don’t know what I would have done, had the children been placed out of home. It would not have been easy if they had been placed. Just the very thought of having to take up the fight. I don’t think it would had been easy to get out of my alcohol abuse. All the time I have had the children as a “carrot” in front of me – this has to be a success. I have had it in my mind for a long time but it was not easy to take the first step when everything just grew bigger around me. It would have been very hard, had it not been possible to have the children at home. It would simply have been easy and tempting to go on with my drinking “. (Parent)

During the summer of 2012, we have carried out a user survey among parents and their safety network, participating in a safety plan. At that time there were 23 active safety plans city wide and from these 10 sets of parents and their private networks were selected to be interviewed. The families were selected by the evaluator. They live in different parts of the city and represent a wide range of problems. A more detailed description of the families and the methodology is found in the back of the report.

There has been a conducted qualitative interviews with 15 parents (9 mothers and 6 fathers) as well as 6 members of their private networks. Unfortunately we have not yet succeeded in conducting interviews with the children.

The following is a short summary of the experiences of the parents and their safety network.

What do the parents think about safety plans?

When establishing a safety plan in a family – it is based on the wish of the parents to keep the children at home and a willingness to cooperate with the social services. If the children or parents prefer an out of home placement or the parents are unwilling to participate in a safety plan the social service will have to recourse to other types of solutions.

All the interviewed parents think safety plans is a good type of solution, because it allows for keeping the child at home. They recommend that more families get the same kind of possibility and that safety plans becomes integrated into the daily social work and that the method keeps develop upon.

Most of the parents are satisfied with the course of their safety plan and the results thereof. The parents focus on the improvement of the family’s everyday life and that the child’s well-being is increased.

6 parents (from 4 families) are not satisfied with the course of their safety plan and the outcome. However they do think that safety plans is an interesting concept – they just wish they had had a better outcome of their individual safety plan.

What do the parent find positive about safety plans.

- That the children are not placed out of home.
- That the safety plan is a “wake-up call” making the parents and the rest of the family aware of the seriousness of the situation.
- That it can feel as a kind of relief to be exposed to clear demands and goals – although it initially is tough to be presented to the grounds of concern presented by social services.
- That the parents through safety plans are given an opportunity to show that they are capable and they feel grateful for the opportunity.
- That the method makes it hard to cheat - because everyone involved knows about the problems -so everyone keeps close to the family.
- It can be hard to have to involve the network – but even in the short run most parents appreciate the openness about the problems.
- That it is better that the families’ safety network are involved in the plan and are allowed to take care of the children as opposed to the children being helped by professionals.
- The emergency plan has worked so that it is clear what to do and who takes care of the children in case of a crisis and when the children were not safe.
- That it is comforting to experience that “the system” actually works in a way that parents feel as a part of the plan and treated with respect in a difficult situation. That the demands put up by the safety plan has actually helped several of the parents to get out a career as substance abuser.
- That the course of the plan has helped the parents to become “ a better parent” and has provided them with a new understanding and a set of tools, that they can use in their everyday lives with the children.
- That in many cases the safety plan has lead to an extension of the safety network and an improved sense of togetherness in and among the family and its network.

What do the parents experience as difficult elements of a safety plan?

- It comes as a shock and it causes a crisis for the parents, when they are facing a removal of a child from the family. This also goes for families already having a case with social services.
- That the first safety network meeting is an unpleasant experience to everybody. Usually the parents hardly recall anything from the meeting, except that the child could be placed out of home.
- That some few parents not have felt that they were sufficiently involved in the safety plan and the process.
- That co-operation within the network can be difficult if the network people and different parts of the family are not on speaking terms.
- That it often steps over boundaries and it is difficult for the parents, when friends suddenly become supervisors too. The parents feel put back to being 12 years old again, when their parents checks the home and interfer in the couples way of behaving and their everyday life in specifics.
- That the method Word & Pictures was a very unpleasant experience to some of the parents, who incidentally also find it difficult to see the usefulness of the method. To others the method makes perfect sense and they describe it as a hard but useful process.
- That parents who initially had a network consisting of professionals in their safety plan often prove reluctant to include their safety network in the plan. They have become used to the professional support and find it difficult to see the sense in involving family and friends.
- That some individual parents feel that the family has been torn to pieces because of the safety plan.
- That the monitoring part of the safety plan feels very intrusive in regard to the everyday lives of the parents and their children – the parents “feel imprisoned for indefinite time”. This feeling is especially prevalent among families, where there has been issues regarding sexual abuse of the children.
- That it is hard to find peace and to establish an everyday family life, when the old story is repeated over and over again due to the methodology of the safety plan and namely the word and pictures method that provides an explanation of the plan to the child.

The parent's suggestions for improvements of the method.

- It is not enough to have big joint network meetings – there is a need for different kinds of meetings as well as sessions with the individual parent throughout the course of the safety plan.
- The process of making and revising the rules and guidelines for the safety plan must include the parents and the network.
- It is important to make clear guidelines for the safety network on what to do in case new concerns may arise.
- The parents find it unclear what will happen in case the goals of the plan are not reached. Will the children be placed out of home – or is it just a scare- tactics? Some parents have experienced that break of rules and arrangements had no consequence.
- The parents would like a debate of the role of the safety network beyond the conclusion of the safety plan.
- In the safety plans, where it is stipulated that the parents participate in abuse therapy, the case workers do not know enough about the therapy and in practical terms how the demands are being met.
- Families, which have experienced sexual abuse of children, often feel that they have no rights- they ask for clear information about their rights and the legal boundaries for the monitoring of their private lives conducted by the social services. The legal framework surrounding a safety plan is currently being looked into by the city's legal team.
- A number of parents indicate that they would like to meet the “secret team” of case workers and leaders that continuously debate and make decisions regarding the child and the safety plan.
- It is important to have a proper conclusion of the process- preferably with a celebration marking the progress.

Selected quotations by the parents.

“The alternative was obviously, that they would have removed the children. So I could not have wished for a different approach. I think it is positive, that instead of taking away our responsibility, it has been placed with me, offering me the possibility to show that I can live up to the responsibility. I like that about this approach “.

“It was really a “wake-up call” When we got to the meeting, they kind of put down their feet and said, if this does not work we have to remove the child. They said straight to our face .and it was tough to hear. But I would rather have it straight to our faces, waking us up, instead of having to hear it – had they had to place the child”.

“Initially one feels scared in the beginning. I did not trust them. I think it is all those scary stories that you hear and when it is actually read out loud. But as I said, when they get to know you it is totally different. And I just feel that I will stick to keeping my child at home”.

“At the first meeting it was tough to accept being scored on a scale, where 0 is a forced removal of my child and if it was a 10 they will close the case. And my first score was a 2, and that felt really bad. I have to admit, I tried to ignore it. But quite quickly – especially because my scores went up, I learned to use it and found it useful. When you have a meeting and the score is going up, you get quite excited about the scores. You just sit and wait and wait, because the meeting is going to drag on and you get the scores at the end of the meeting. They reveal the scores at the very end of the meeting, when everybody has spoken”.

“All of a sudden you are bloody under your mother again. They are almost in total control right now. Then they started calling 100 times in a day: what are you doing? How goes? I had my mother calling 20 times a day and my sister too. It is not part of the plan – they just do that. And as I told my mum, “I just think you are really annoying “I have not had contact with my family for 3 years and all of a sudden they are everywhere. That makes me feel very controlled”.

“Initially I felt that it was very hard to open up for those entire things and tell about your problems. Of course- the family have been frustrated about my life style and suspected I had abuse problems. But initially it felt very hard to have to open up. It is difficult to admit that you needed help- on more than one way. But I can clearly say that our relations have improved. My parents have been part of it – all the way and they been meeting the case worker from social services both here, on the abuse centre and other places. Luckily it has changed for the better. So they also are very happy that we have an improved relation to each other”.

“The plan is noted several places also at the emergency out of hours social work service. So the emergency plan worked, when it was needed. As my girlfriend said – she had been in the system for just as long time as I – this was the first time, she had seen anything that worked all around. The children called her and she was allowed to take the children with her as I was being admitted. She

did not have to explain and almost force people to understand, why she had to take these children with her- despite not being family. People knew and it went smoothly – that is a great advantage.”

“Every time I am here for a meeting the wound is ripped open- it truly hurts. Also because I don’t have these issues anymore. But the people up here simply do not let go. I know they won’t and I’m so fed up with it. I just can’t take it anymore. I have been in this for so long I really would like to close this case. I think I have done everything they asked. I simply can’t have it – I’m fed up with it. There seems to be no end – they just keep going- and I really need a quiet and orderly life now”.

“The children are doing well now. You can really feel that things have quietened down. They know all the drinking has gone and they do not come home to nasty surprises. Nothing unexpected happens in their lives, nothing unpleasant. Perhaps they were a bit tired of coming home from school and I was not there and they had to get me at the local pub. I know that one think- I only had a couple of beers and the children will probably not notice anything, but you are just not there 100% and I also stopped my long time abuse of marijuana. I simply had to. It has been hard to quit, had it not been for the social services. I don’t think I would ever have been able to quit the habit. I was forced to quit, but I am happy for it. I can feel it – I have much more energy and more focus on the children”.

“I am really happy for the efforts. And I can recommend it to other people. I am actually bragging about this safety-plan-thing. Initially I felt it was embarrassing, but when it is about such kind of issues I like telling people, that I am happy for the support and that it curbed our issues with violence. It has been really great, the bad pattern was about to be broken down. So I can definitely recommend it to other people instead of removing the children. And it is cheaper too”.

Cooperation with the employees and the Copenhagen children and families service

Cooperation among the employees is described by the parents as satisfactory.

There is much credit to the employees from different places, describing them as truly professionals, well-prepared, good at managing and controlling difficult situations and at offering support to the parents.

The largest group of parents say that they feel that the employees listen to them and show them trust. A smaller group of parents do not feel included or taken seriously and they do not feel that the employees listened to their needs or wishes.

In general, control and the role of the authorities, play a central role in the parent's descriptions of the co-operation between the parents and the authorities. Very often the parents feel that it is unclear, who makes the important decisions regarding the future of the child and the family. They would like to have a clearer idea of distributions of roles – how is the roles allocated amongst the safety plan workers?

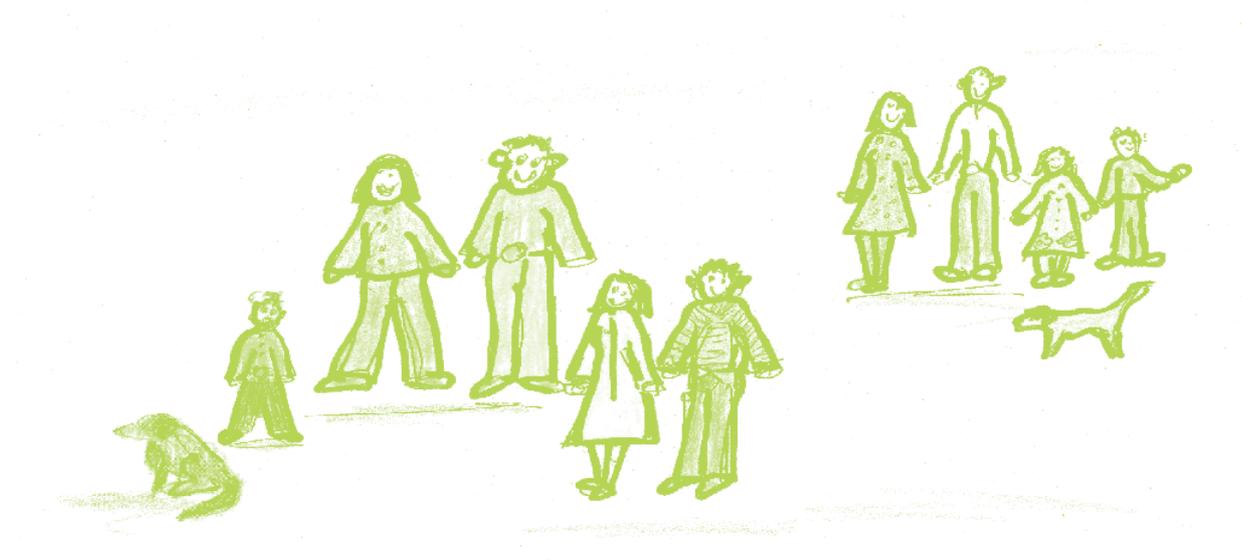


User survey – what do the private network say about the safety planning?

“Initially we thought – this is definitely a “cheap and easy fix-it” approach for the city of Copenhagen. Until one sees how it actually works. Today I am really happy about it. I would not have any second thoughts about doing this again. But at first we thought, that was a cheap solution. But it would never have turned out well, if our granddaughter had had to be placed at some strangers place.” (safety person from a safety network)

The six network people, who have been interviewed, are either grandparents of the children or close friends of the parents. They all play an active role as safety network people and they all express that safety planning is a great method and should be used in the city of Copenhagen’s work with vulnerable children and their families.

They clearly state, that it is better for the children to be able to remain in their home and that support is offered by people the children know already and feel comfortable with. They all agree that they love to commit to offering support and help, when the safety and well-being of the children are in focus. At the same time they also do state that a safety plan put extreme demands on the network people and that we are talking about a truly difficult and demanding approach, which are not suitable for all families. It is noteworthy that despite all network people describe their participation in the process as stressing and a thing that has turned their lives up-side down – they have no doubts that it is best for the children and they would do it again.



What do the safety network people experience as positive about the safety plans

- They totally agreed to the concerns for the children expressed by the social services and they are happy that the social services put up demands and took action.
- Today they feel much more part of the everyday lives of the family and the children, than before the safety plan.
- That the process has been beneficial to both the children as well as to their parents, who experience an improved sense of well-being compared to before the implementation of the safety plan. The well-being of the children is described as the biggest reward to the network people.
- That the safety plan concept is a great tool to force the parents to make the necessary changes for example change an abuse pattern.
- That a safety plan brings the network closer together – and in many cases has led to long lasting conflicts being put to an end and the contacts restored.
- That a safety plan adds meaningfulness to the network peoples own lives and that they are happy to have been able to help both the children and their parents.

What do the private network people experience as difficult about the safety plans

- That it is an important and dramatically turning point, which is emotionally stressing and that the safety network, at least initially is at a state of crisis too.
- That the first network meeting is difficult –and it took some time before network people fully understood the safety plan concept.
- That co-operation in the network often was difficult and very often the network consisted of two separate camps which defended their “own child”. Besides that there may well be long-lasting latent disputes in the individual families.
- That we talk about a huge and demanding assignment which has implications on the network peoples own everyday lives. The task is both practically and emotionally stressing.
- That the role as a safety person puts the involved persons in many difficult situations, dilemmas and conflicts of loyalty. For example is it difficult to inform on one’s own child to the authorities – as well as it can be a somewhat transgressive experience having grown-up children moving back in again.
- After some time the network people experience some type of burned out and a sense of exhaustion. It is, however, difficult to say “no” and set up boundaries when it is about one’s own child and grandchildren.
- That the network people may experience some marital conflicts, if they do not agree on the role and set up some boundaries as to the extent of the support.
- That a worry experienced by the network person, leading to criticism or a report to the social services may well lead to discontinuation of contact to the family or loss of friendships.
- That a safety plan can be very invasive in the lives of the child and the network persons have experienced that some children suffer under the rules of the safety plan; from missing the parent or other members of the family they no longer are allowed to have contact to.

Suggestions for improvement by the safety network people

- The role as a safety person is demanding. The role carries many dilemmas, which are both practical and emotionally stressing. There is a need for more support and supervision for the network during the process.
- Co-operation within the network can be difficult and there is a need for some coaching during the process.
- At the start of the process the safety network people are in a state of crisis themselves and there is an explicit need for on-going repetition of the information and support for an ongoing debate and definition of the role and the challenges it entails.
- The rules and agreements in the plan must be discussed with the network – and they must be realistic- else they will be broken.
- In some of the safety plans there is a lack of an emergency plan and the network people ask for clearer procedures for what to do if new worries should arise.
- There must be active support for the process, should the network express worries or criticism of the parents, so that it does not lead to loss of contact, but rather that it is used as a constructive improving element in the safety plan process.
- There is a need for other types of meetings than just the big safety network meetings. There is a need by the network members to meet without the parents- or just individual meetings for individual network people who needs to have a talk with the employees.
- There is a need for clarity about the definition of the roles of the employees and the interplay between the roles in the plan, as well as information about when employees change.
- When a safety plan is closed there should be a closing meeting with the network and there should be a debate about the future role of the network.

Selected quotation from the network people

“It was like a slap in the face, but I could manage. Because we knew that there were problems”.

“Yes a safety plan is a good idea, what is the alternative? So it is a grand idea, if it is successful. But it set demands and if it is more weak families; I have my doubts... It is hard to have to monitor your own child and perhaps even have to report to the authorities. It takes quite some backing from your family”.

“We both have careers and quite demanding careers. But we decided to drop everything for the sake of the children – we always have. We face whatever may come, we bloody well have to. I’m not getting any younger. I’m 65 years old and it was tough on my health. We arrange our lives and get things up and running but I tell you, sometimes it is so tough. You just get so tired. We have not had a weekend to ourselves for a very, very long time. We need that. It has been going on for a very long time”.

“We have had an excellent co-operation with the social services of Copenhagen. No complaints! They have been absolutely marvellous. Except at the very start, that was terrible and I do hope that I do not have to experience that again. So we are very satisfied with our contact persons. And I do believe that they have spoken positively about us. We have been in close contact – and I think it has been both open and honest. If we have screwed up in some way- we tell it out right in the open. We have had the possibility of being able to call them around the clock. One cannot complain. We have never had any contact with the social services before and had no idea of what to expect. But I must say it has been impressive ... in my opinion”.

“I definitely think it is a great idea and I believe that it save a lot. Definitely! It has saved our daughter. We are not the least disappointed, especially not with the result that we have achieved. To us, to the children and to our daughter it has only been positive. She has improved her social skills and understanding of lots of things, much more than she used to. She has become a better mother to her children,

she has become very good at taking care of them. And the children really like her. It is wonderful to see”.

Cooperation with the employees and the Copenhagen children and families service

Cooperation with the employees and the social services is described in a positive manner by all the network people. Initially they thought that the safety plan concept had been implemented by the social services just to save money, but now they are positive towards the method and would recommend it to other people.

The network people emphasize the fact that the employees have been available and they have been there for them in case of a crisis.

Many of the network people also had conversations with the employees, when they felt overwhelmed, so as “to get their worries of their chests”. In general the network people say they are impressed by the competence and skills of the employees and the amount of resources invested into these processes.

During some of the process of individual safety plans, the safety network has formed the opinion that the child ought to be placed out of home, for instance within the network.

In these cases the safety network may assist in motivating the parents and the network can play an active role in the placement and provide to support both the child as well as the parents at the end of the placement.

In short - both the parents as well as the safety network persons are generally positive towards safety planning as a method.

They see it as a great opportunity and although the safety plan will offer many challenges to both parents and network people – they encourages the social services to continue using the method.

What do the employees think about safety planning?

The employees explain that they feel that working with safety plans is both tough and challenging and it takes a new way of thinking and much closer co-operation with the parents and the safety network. Generally the employees are enthusiastic about the method, which they find very useful and they definitely think that the Copenhagen children and families services should continue using the method and develop it further.

What do the employees experience as positive aspects about working with safety plans?

- ***That there is adequate time to do thorough social work.***

The organizing of the work provides time and opportunity for a comprehensive process that includes the family. The method and its framework are established in the recognition that some families need more intensive efforts. Through the intensive efforts the resources in the family and its network are described. Often employees are surprised to find resources in the families which along the way slowly render the basis for a placement void, simply because one discovers resources and solutions which can be developed further within the families and its' network.

- ***That the method establishes a relation to the families.***

The method provides a basis for establishing a type of relation to some families, which normally would not be established- and the opportunity to get a collaborative relation to both parents and the network. Through the process of the safety plan the parents are an active part of the process and most express that they feel included and treated with respect in a very difficult situation facing the possibility that their children will be placed.

- ***That the concerns are clear to everybody.***

The very structure of the method ensures that the employees have to be very clear about the nature of the concerns, what demands the social services put to the parents and which exact goals must be met in

order for the child to remain in the home. This clarity also comprises the children, which will be presented to an explanation they will understand, which means all actors in the plan are aware of what it's all about.

- ***That parent's step up to their responsibility.***

The method demands of the parents that they take on their responsibility for their child's well-being and they make the necessary changes in the home environment. The employees find it very useful to ask the parents; what should happen, rather than making the employee having to provide the solutions. An employee says; "it has been an eye-opener to me and I can see that I approach things differently now and it works well. It works saying to the family; we are worried, what do you think about that"?

- ***That the network steps up and takes responsibility.***

The safety plan is a great tool for involving the network. Through the process of working with the safety network one becomes more structured, because you have a script. The very method itself gets the network to become emotionally involved, which again makes them assume responsibility and that again eases the pressure on the employees. As part of the method the network get the right to get involved in each other's lives, there is created space for talking about the disagreements and new stories are created.

- ***That safety plans create great results for the children.***

According to the employees the openness about the concerns and the involvement of the network results in a much better result for the child. The employees say that other preventive services would not provide the same level of safety and well-being for these children.

- ***That we are making a better process of placement.***

To the children where the process leads to an out of home placement, the process becomes much more positive if the parents are included throughout the whole process. Often the parents recognize that a placement out of home is the best solution for their child. At the same time the children get an explanation and become aware why they are placed out of home.

- ***That the method heightens the professional quality of our work.***

The employees state that the quality of the work is improved: “we do a much higher quality of work with these families”. The method gives enthusiasm among the employees and it is noticed by the families. At the same time the method promotes creativity, encourages them to look for new possibilities, and finding individual solutions in co-operation with the family. Many of the employees mention the unique combination of exercising authority, intensive intervention with families at risk and putting the network into play, all providing an excellent “cocktail” for making a better procedure and results with the families.

- ***That working in partnerships is good.***

It feels good to be several employees assigned to a case, to be able to share tasks and assessments with somebody. The employees work in partnerships consisting of one case worker and one family therapist. The family therapist often express that it makes things easier being closer to the case worker, simply because it makes it easier to respond to

changes and observations. The family therapist and the case worker do not always agree on evaluations – but the differences of opinion can be used constructively by forming the basis of collective reflections and pose critical questions and this can improve the quality of the work and the actual safety plan itself.

- ***That this service saves the city of Copenhagen money.***

Both employees and leaders say that if they had not had the option of making safety plans for children in this type of situations, they would have been placed out of home and those children who have been returned to their parents would not have been returned without the option of a safety plan. In many of the local centres they state that this preventive service, safety plan, in 2012 has saved money on the budget lines for placements. Even if the individual employee has a limited amount of cases and there are invested a significant amount of man hours and resources in the current safety planning method, is this method less expensive than placements.

- ***That the elements in this method can be used in social work in general.***

According to the employees individual parts of the method could be used in other areas of social work, both in the investigative and assessment phase as well as in work regarding other types of preventive services. This goes for the actual causes for concern, where the families become clear on what is raising the social services concern and which changes must be implemented. This is applied by using “Words and pictures”, a method where the child gets an illustrated explanation of what is going to happen and what has happened. According to the employees this tool would be beneficial for all children being placed out of home or about to be. This also goes for involving the network in the plan which forms the basis for creating a safe everyday life for the child. In several local centres of social services they experience that the method is spreading to other groups of employees within the unit.

What do the employees experience as difficult aspects of safety planning?

- ***That the method is new.***

Some parts of the method may seem somewhat unfamiliar to the employees and to some it is difficult to start using all the elements of the method.

- ***That it is hard to involve the network***

It may be experienced as a break of cultural norms in regard to the integrity of the Danish family having to “force” the parents into involving their safety network as part of the solutions. Sometimes this approach seems very invading because it might meet resistance on part of the parents.

- ***That not all families are “well-suited” for safety planning.***

It is difficult to use the method, where none of the parents have the resources to be a primary caregiver to the child. If for instance we are talking psychological illness in the case of one of the parents then the partner should have some resources else it will be very difficult to maintain a safe plan for the child. It is equally important that there are some safety network people, who wish to assume the responsibility for the well-being and wish to cooperate with the social services. If the network is working against the social services and has many secrets it will be difficult to maintain the safety plan.

- ***To know if the plan is beneficial for the individual child.***

Most employees believe that the safety plans create good conditions for the well-being and upbringing for the child; however they do not have blind faith in the concept. If the child has been placed out of the home the responsibility for day-to-day well-being of the child is with the institution or with the foster parents, however in the case of a safety plan the responsibility is with the safety plan workers, the parents and the safety plan people.

Some employees express doubts about whether the safety plans pay enough attention to the needs of the child and if a safety plan is the best solution for the child.

Employees’ suggestions for improvements to the safety plan as a social service

In the interviews the employees from all the eight local centres have mentioned a number of suggestions for improvement of the safety plan method both in terms of developing and improving it. These suggestions deal with both the organization and the methods and all suggestions have been anonymized and passed on to the consultants in Copenhagen children and families services and will be taken into consideration when making plans for the coming year.

Statistical results

In November 2012 the evaluator did a statistical recording of all safety plans in the Copenhagen city. The following overview is based on these registrations and will highlight the most important conclusions.

It is important to note that the material consists of a fairly small number of safety plans. Thus one should view the figures as statistical indicators and show caution to make rigid interpretations of the distribution in terms of percentage.

We encourage doing a similar recording once the number of concluded safety plans have reached 100 families.

What is the number of safety plans?

From 2009 to 2012 there has been 66 safety plans involving 103 children. During this period 37 safety plans have ended.

Until November 2012 there has been 43 ongoing safety plans – of which 14 have ended.

What are the results of the different safety plans?

In all, 14 safety plans ended in 2012 with the following status:

The registration shows that for approximately 2/3 of the families-the safety plan (in 2012) ended without the child had to be placed out of home.

The evaluation shows a development in the safety plans prior to 2012. Before 2012 a waste amount of the safety plans ended by replacing the safety plan with preventive services – for example assigning a professional support person to the family. In 2012 one has aimed to increase the involvement of the safety network, as the method prescribes. It has been successful, whereby the case has ended or one must conclude the safety plan has been insufficient and the child has been placed out of home. The development shows that the method is being used as intended.

The total 5 placements outside of home – include 3 voluntary care agreements and 2 placement cases. The employees report that the safety plan has motivated the parents who initially were against a placement of the child out of the home – but through the process the parents have come to the recognition that it may be the best solution for the child. In these cases the safety plan procedure provides a valuable basis for the placement of the child, where the parents play a supportive and active role in the placement as opposed to playing a counterproductive role.

At the same time the safety plan procedure offers a clarification for all involved as to the concerns and the basis for the decision for placing the child out of home. Neither the child protection board, the parents, the safety network or the child are in doubt as to the basis of the decision to place the child out of home. In the case of the 5 placements two children have been placed in an institution, two in professional family care and one child in network care.

| Status at the end of the safety plan | Number of families |
|---|--------------------|
| The child protection case is closed (no worries anymore) | 6 |
| The family is passed on to follow up calls in the social work team | 1 |
| There has been established preventive services – the family has been referred to the social work team | 2 |
| The child has been placed out of home | 5 |
| In all | 14 |

The ended safety plans have had duration of between 1 month and 2 years. The majority of safety plans were concluded in less than 12 months.

Are there still concerns for the child?

As to the aspect of safety of the child, the employees estimate that $\frac{3}{4}$ of the 43 families having a safety plan in 2012, there is no longer concerns for the child's safety or the safety of the child has improved a lot.

As to the well-being and development of the child the employees estimate in little over half of the 43 families that the concerns have decreased or that the concerns have lessened significantly.

The employees' assessment of the children's safety and well-being is summed in the following:

1. In the case where the safety plan has ended, the safety of the child has markedly improved.
2. At the same time, in the majority of concluded cases the degree of concerns has lessened.
3. When the safety plan is closed - there is however a heightened degree of concern for the well-being and development than for the actual safety of the child.

Status after the safety plan ends?

There has been conducted a follow-up on the 37 registered safety plans which ended between 2009 and 2012.

In almost 90 % of all the families the status of the family's case is unchanged – compared to the time when their safety plan ended. None of the closed cases have been re-opened and none of the children have been placed. In two cases families have had their child's placement changed to the child being returned to home and supported by preventive services.

It must be interpreted as a positive result, that none of the closed cases involving children have been

re-opened. The safety plan has meant that both the safety network as well as the professional network caring for the child are fully aware of the grounds of concerns issued by the social services and have sharpened attention on the well-being of the children. Everybody has been briefed, been instructed how to act if the well-being of the child is at risk and it is fair to assume that the social services would have been informed, should grounds for new concerns arise.

Who is the target group?

In 2012 the families can be described by the following set of distributional characteristics:

- The gender balance in the group of children is almost equal - with slight overweight of boys (56%).
- The children's age is distributed as follows: 44% are under school-age (under 6 years). The "youth" (12-17 years) have dropped in numbers during 2012 and made up about 18%.
- As to the ethnicity of the parents about less than half were of Danish heritage. This is a change compared to the years before 2012 where the Danish families made up the majority. Safety plans do have an over-representation of families with another ethnicity than Danish compared to the average of the general Danish population in the Copenhagen City area.
- About 2/3 of the families – already had an ongoing case in the department –where as 1/3 were completely new cases based on urgent concerns.

How is the life situation of the families?

The danger statement in these safety plans consists of several risk factors. For example the parent's mental illness; the parent's substance abuse; violence; threats; or sexual abuse of children; serious child abandonment; unknown parental skills of a newborn's parents; parent's severe physical illnesses; siblings already placed outside home or health-threatening risks to the child in their environment. In some cases the basis of concern

also addresses the behaviour of the child – for example criminal behaviour, unstable schooling or self-harm within young people.

In 2012 the most common issues among the families were: Parental substance abuse; suspicion of inadequate parental skills; physical abuse towards children; child abandonment. In general the families are in a difficult life situation and many of the families have more than one of the above mentioned challenges to fight. 7 safety plans had to do with families, where the issues were related to sexual abuse of the children.

Furthermore it is worth noting that in 2012 children returning to their homes after placements occurs in 1/3 of the safety plans.

In all one can say that the target group fitted very well into the definition of desired target groups for 2012. In almost all cases, the families have had severe social problems, allowing the situation for the children in the home to become worrying and the situation has offered obvious reasons for a placement out of home.

For instance one can mention children who have been abandoned by their parents, babies suffering from “shaken-baby-syndrome”, families with long-term substance abuse and a violence among the parents or families where there is a convicted sexual offender or there is suspicion of sexual abuse.

Who participates in the safety plans?

In 2012 the family's safety network were asked to participate in the safety plans by all 8 local centres.

In 2/3 of the safety plans - at least 4 people from the network were part of the plan. This number has increased compared to the previous years and correspond with the recommendations issued by Turnell and Essex.

It is primarily the close relatives which are part of the safety plan – primarily the grandparents and the parent's siblings. The grandparents play a major role in about 2/3 of the safety plans. The friends of the parents

have also participated as network members in about half of the cases.

The employees say that in 2/3 of the cases co-operation with the safety network has been satisfactory.

The professional network surrounding the child and the families are also part of the safety plans.

In 2012 the professionals in the safety plans has been; school teachers,; day care, foster homes, health care, family care worker,; substance abuse treatment centres. The Emergency Social Work Service played a part in about 28 % of the procedures.

According to the employees there has been a satisfactory cooperation with the professional network in about ¾ of the safety plans. In some cases co-operation has been somewhat challenging especially in relation to the hospitals, the substance abuse treatment centres, placement institutions and foster families.

What do the safety plans consist of?

In 70% of the safety plans the goal has been creating safety in the home for the children. In 30% of the cases the plans have aimed at returning children from placements to their home.

Safety plans also consist of instructions and agreements on the behaviour of both parents and the children. Among the most common agreements are : restrictions on the contact between parents and children ; that the parent must undergo substance abuse treatment , that the child must attend day care /school regularly as well as establishing an emergency plan, if problems occur in the everyday life of the child.

Besides that, the safety plans also consists of rules and agreements for the safety network. In 2012 the most predominant types were: daily contact between the network and the family, respite care by the network; a helping hand to take care of the children and that the network has to be present when contact between the child and a parent. There are also examples of plans,

where the network has been monitoring both the parents and the children around the clock; where the child is staying temporary with network members or where members of the network have chosen to move in with the family for a while.

Which methods have been used in the safety planning?

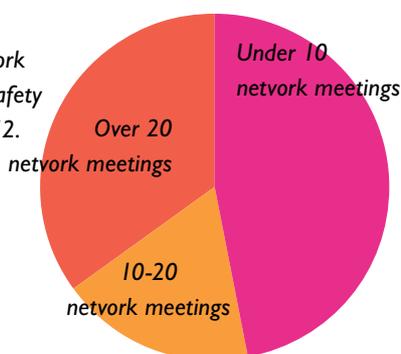
The Safety plan method consists of a number of different elements, which are put into play at different stages in the process. Some elements are used in almost all cases, whereas others are only used in a limited number of cases.

The methods “Signs of Safety” and “network meetings” are used in almost all cases. In addition control home visits; intensive intervention with families at risk; the drawing up of genograms; making observations of children and parents within their home, have been utilized in more than half of the cases. The method “Words and Pictures” has been used in 1/3 of the cases during 2012.

There are a lot of network meetings involved in a safety plan, which can be seen in the registration (see the diagram).

There were more than 20 network meetings in more than half of the 14 safety plans which ended in 2012. In many cases there were network meetings each week or every second week in the first couple of months of the cases.

Number of network meetings in 43 safety plan cases in 2012.



The safety plan employees have visited the homes in about 86 % of the cases in 2012. In some cases there have been daily home visits for a period of time. In other cases employees have called by once a week on a regular basis or based on arising needs.

In 2012 the safety plan employees had one-on-one interviews with the child in 88% of the safety plans, not including the infants which could not be interviewed. The cases where there have not yet been interviews with the child are fairly new cases where the employee has not gotten to that stage yet.

In 3/4 of the safety plans there have been two or more interviews with the child. In most cases (98% of cases) the first interview with the child took place within the first month of the safety plan. Besides that, in more than half the cases, the safety plan employee kept a regular contact with the child through visits at home. This is especially predominant in cases involving infants which cannot be interviewed.

How do the employees assess the process?

In 71 % of the cases the employees have registered positive changes for both child and parents within the first 3 months in the closed cases.

There have been break of guidelines and agreements causing reasons for concerns in about 1/3 of the cases. This could for example be if one of the parents has a relapse in substance abuse or commits violence against the child. In some cases these worrying break have led to the child being placed out of home and in other cases the guidelines have become more restrictive and the role of the network has become stronger. As far as we have registered, no child has been the victim of sexual abuse or violence during a safety plan. It is worth mentioning that during 2/3 of the safety plans one has been able to avoid significant breaks of guidelines and agreements.

The employees’ think that in 80% if the safety plans carried out in 2012 the result has been satisfying or very satisfying.

A short description of the history of Safety planning

Safety plans internationally

Working with safety plans in Copenhagen children and families services draws on experiences from many countries, where the method has been used and developed during the last 20 years.

During this period Susie Essex and her colleagues in Bristol have developed “the Resolutions Approach” in “Safety Planning” in the context of intensive intervention with families at risk. At the same time in Perth Australia, Andrew Turnell and his colleague Steve Edwards were working on developing the “Signs of safety” method, which is aiming at front line social workers.

Andrew Turnell and Susie Essex have written the book together; “Working with denied child abuse- the resolutions approach” and this forms the basis of the development of the working methods using safety planning within Copenhagen social services.

Read more about the methods:

“Working with Denied Child Abuse – The Resolutions Approach”
Andrew Turnell and Susie Essex; Open University Press 2006”

“Signs of Safety: A Solution and Safety Oriented Approach to Child Protection Casework”
Andrew Turnell and Steve Edwards

“Løsningsfokuserede samtaler.
Peter de Jong and Insoo Kim Berg.
Hans Reitzels Forlag 2002

Cool Links

www.signsofsafety.net

www.solutionsfocus.dk

Today Safety planning and “The Resolutions approach” are used in large number of countries for example, Britain; the Netherlands; Sweden; USA; Canada and Australia. In these countries the method is integrated into intensive therapeutic interventions as well as in the general casework regarding vulnerable children and families.

In Britain there has been carried out an impact study, which shows that families that have experienced sexual abuse issues and who have been put through the procedure of a safety plan have about 3- 7 % risk of re-occurrence of sexual abuse after the safety plan work has ended. In families being treated by traditional methods the risk of repetition is between 20- 40 % (Turnell & Essex, 2006)

Both “Signs of Safety” and “The Resolutions Approach” are methods based on practical work experience. They are both within the framework of the systemic theory, they have an appreciative approach to the families and make use of methods based on the resolutions approach and questioning techniques.



Safety plans in a Copenhagen social services context

The first steps

By starting up the project “Focus on the family “(2005-2009, “Familien i centrum”) Copenhagen children and families services started a comprehensive development of methods and ways for the social services to work with vulnerable children and their families. This development process has included a lot of elements such as development of employee skills; establishment of Family centres in parts of the city, introduction of a resolutions approach and using solution focus methods for example “Signs of Safety”

This process of skills and method development has continued after the termination of the project and in 2009 -2011 some of the local centres have started on an experimental basis using the method “Safety Planning” in Danish called “Sikkerhedsplaner”, as an alternative to placing children out of home. The results were convincing and the “safety plans” were implemented as a preventive service in all 8 local centres in 2012.

Organisation of the project

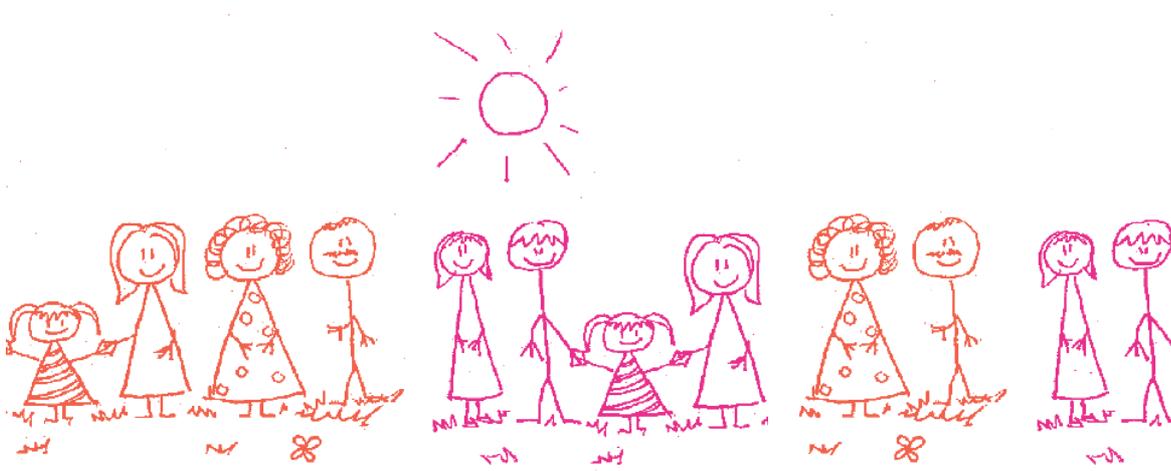
From September 1st 2011 there has been implemented a common model for the Safety plan work and in all 8 local centres there has been established “Safety planning groups” consisting of handpicked employees.

It is expected that throughout Copenhagen children and families service one would reach 40 active safety plans a year – a goal which was reached in 2012.

Throughout the 4 -year project period, implementation and development of the safety planning concept has been sponsored by the Copenhagen social services budget.

During the project period each local centre receives compensation amounting to one part-time position per year. Other related expenses will be funded by the local centres.

Furthermore during the project period there are central funding for consultancy; supervision; training and development of skills among employees and leaders.



What is a Safety plan – in Copenhagen social services terms?

In order to be able to use the method in a Danish context, it has been necessary to translate and adjust the method. Starting with foreign descriptions and experiences using the method there has been written a Danish description of how to understand and use the preventive approach called “Safety plans” in Copenhagen social services.

A Safety plan within Copenhagen social service

What is a Safety plan?

A safety plan is a preventive service according to Danish social service law § 52, 3.3.

It is based on an intensive approach from the case worker with a close control and follow ups – combined with therapeutic interventions.

The safety plan is initiated by social services based on intensive co-operation with the parents and the family’s network aiming at safeguarding to the wellbeing and safety of children living at home. These children would otherwise be placed outside of home. The safety plan approach can also be used in reunifications cases where the child is returned to the home or alternatively to placement in the family’s network.

Who is the target group?

The target group for safety planning are families, where there is a degree of perceived risk as to the safety and well being of the child which otherwise would lead to a placement out of home.

The approach is applied in families where there is a risk to the safety and well being of the child and where the parents would need massive support in order to make the child feel safe and finally – families where more regular family treatment would be inadequate.

In such circumstances it will require some potential for change on part of the parent, should the child be able to remain at home- this potential is usually mapped out during the process.

Safety planning as a preventive service can be used in cases where there is suspicion of one or more of the following points:

- that the child’s life is in danger
- that the child pose a danger to itself
- that the child pose a danger to others
- that the health of the child is in imminent danger
- that the child is subjected to violence or sexual abuse
- that the child is subjected to serious neglect

In order to implement a safety plan as a social service, the following conditions must be met:

- Sufficient reasons for placing the child outside of the home, meaning that there is an obvious risk to the child’s or youngster’s health or it’s development will suffer unless social services takes over.
- Persons in the family’s safety network can participate in the safety plan and play an active part in creating a safe future for the child.
- The family and the network must be part of the cooperation on the safety plan and must be willing to participate in the safety plan.

If the parents or the youngsters do not want to be part of the safety plan or if the safety plan do not prove sufficient for the purpose – there will be sufficient reasons for placing the child out of the home or to remain in a current placement.

The Safety network

An essential part of a safety plan is the safety network, which primarily consists of people from the family's private network (usually between 4- 20 people).

The members of the safety network works closely together and with social services to establish (and following up on) a plan that create safety for the child.

The safety plan network consists of for example grandparents, parent's siblings and other members of the family as well as other members of the family's private network (for example friends; acquaintances; neighbours or colleagues).

There are also professional participants in the safety network – like pedagogues from the child's day-care, teachers from the child's school, school nurse, own doctor or substance abuse prevention consultant.

It is the family, who decides who may participate in the safety network. It is the safety plan employees, who access and decide if the safety plan is strong enough to create sufficient safety for the child.

Through close co-operation with social services, the safety network must prove that it can create sufficient safety for the child to meet the immediate concerns and furthermore it must demonstrate that the child is no longer, nor will be, exposed to danger. One example of meeting concrete concerns for a child being exposed to violence by one of the parents, is for the safety network to provide one member of the network to be present with the child and the parents – thus ensuring that the child is not exposed to more violence.

Concrete rules and agreements regarding the child's everyday life.

A safety plan contains a clear description of the concerns (danger statement), and clear goals that have to be met in order for the child to be able to remain at home. Safety plans contains clear agreements and guidelines for the child's everyday life and contains clear agreements as who does what with the child. The plan also contains agreements on what to do should new concerns arise or if the safety plan does not hold up. The child is informed about the basis of concerns; who he/she is to turn to in case of need. The plan is evaluated as we go along and is adapted according with the age of the child and changing needs that may arise as the child's everyday life changes.

A therapeutic process involving the parents

The safety plan is at the same time a therapeutic intervention. Through the process, the worries will be described in a clear language, "taboos" in the family will be described to the network and the parents will explain the child what is the situation (the method: "Words and Picture"). The safety plan's agreements and guidelines require that the parents change their behavioural patterns and the daily life in the family.

The methods can be a vehicle for the parents to gain insights and enable them to make reflections that will assist them in holding on to a changed behaviour in the future. In order for the safety plan to end and the child to remain at home the parents are obliged to prove that the changes are lasting.

Control and follow-up

A safety plan must be monitored continually and there must be a rigid regime of follow-ups both by the safety network as well as by the social services. This is done by agreements with the safety network and the professionals surrounding the child; announced as well as unannounced home visits; network meetings; interviews with the child etc. The safety plan employees and other professionals continuously assess the child's safety and well-being.

Should a safety plan prove not to be able to create safety and well-being for a child, the child is either placed out of home or other therapeutic interventions will be taken into use.

Examples of safety plans within Copenhagen social services

Example 1:

A set of parents have 2 children aged 1 and 3. The mother has mental problems and the father has periods with alcohol abuse problems. There have been reports by both the family's safety network and by professionals expressing massive concerns about the well-being of the children.

As part of the safety plan the parents have moved away from each other and the children move in with the father, who undergoes rehabilitation and following stops his substance abuse.

The safety network offer support and daily assistance to the father and the children and they ensure that the children are doing well in their daily life.

Everybody including the parents; the safety network; health visitor; case workers; day-care agree that the children's wellbeing is increasing; they are happy and have good contact to the father and the children is developing according to age.

Today the father has an independent everyday life with the children and only has limited needs for support from the network.

Example 2:

A young couple have a baby together. There are constant conflicts and domestic violence and there are worries, if they have the parenting skills to take care of the infant.

The parents turn to social services for help. There is a large safety network, which commits to offering support and monitoring the situation. For a limited period of time the parents move closer to the network in order to get the needed support for taking care of the child. Today the mother and the child live by themselves in an apartment. Dad has regular visitations and the safety network take part in taking care of the child. All professional evaluations show that the child is developing well.

Example 3

For the last 6 years a child aged 10 has been placed outside of home. The contact has remained intact and the child has been on stay-overs at its parents during holidays and weekends. During the last couple of years the child has expressed a desire to move back home with the parents. This wish has been expressed repeatedly during interviews and by the method called "Three houses". Co-operation between the parents and the placement is very bad and the parents also express a desire to have the child returned to its home. The parents are former substance abusers and have had very unstable lives but have been able to establish a stable everyday life. The child was returned to home supported by a safety plan. Assessments from school indicate that the child is doing well both academically and socially – and have become part of the class and have got new friends. Both the child and the parents express great joy in the fact that they are able to live together. The child says "I wished for only two things – a new bike and to move in with my mum and dad. Now my biggest wish has come true" .

Example 4

A baby is temporary placed and returned home under the conditions that a safety plan is realistic. The process is started up, there are network meetings and the safety network is involved in the actual planning. There is daily contact between the social services and the family and monitoring of the well being of the child – especially by home visits by both a health visitor and a family therapist from the safety planning team. As it turns out the parents are clearly not up to the task and have difficulties in actually committing to the co-operation and stick to the agreements made. Social services must abandon the plan and the child is placed out of home again. At the foster place one assess that the child's well being and its development has deteriorated during the last period of time.

Example 5

A single mother of two, a 3 year old and a 6 year old. Social services are involved, because the mother during a drinking spree have left the children with a member of the family and do not return to pick them up. She is gone for several days and upon return social services immediately issues a safety plan. The safety plans involves the safety network offering a relief break for the children. There is also issued intensive family intervention and the mother participates in a parent educational program and a drug rehabilitation program.

The plan works well for a long period, the children's wellbeing is increasing and there is a positive relation between mother and children. The mother has improved her parenting skills and has gained a better understanding of the children's needs. Social services assess that the safety plan can end. At this time the mother disappears for several days on a drinking spree and leaves the children in the care of the family. Social services decide that the children must be placed. Both children are placed in the private network, where they have been in relief throughout the procedure. The mother agrees to a voluntary care agreement and is happy that the children live with the family members that they are emotionally attached to and which the mother has a smooth co-operation with. The mother still has close regular contact to the children.



Organisation of the Safety planning work in the Copenhagen children and families services

Description of the organisation

In Copenhagen social services the safety planning work has been organized in the following way:

- Each of the 8 local children and family service centres have established a “Safety planning team” working with the safety planning. In 6 of the local centres the teams are fully operational. In two of the teams it has proven difficult to get them operational and currently one is considering a reorganisation.
- The teams reports directly to a team leader - and some of the teams have a coordinator, who has the professional responsibility and continuously evaluate on the safety plans to ensure it suits the needs of the child.
- The teams consist of case workers and family therapists.
- There are 3-6 employees in the team. Some employees work full-time on the safety plans, while others are part time on the safety plans and have other cases as well.
- There is an internal rule stating that a Safety planning worker must have 5 ongoing safety plans. Since the employees work in pairs (partnerships), it means that a safety planning team with 4 full-time employees have the capacity of 10 safety plans at a time.
- Supervision for all safety planning teams. Once a month there is supervision in via Skype by the Australian experts – Andrew Turnell or Sonja Parker. In the coming year the aim is to offer supervision in Danish language for some teams.
- Process support for establishing the local safety planning teams using an external consultant
- External seminars - where Andrew Turnell (Australia) and Susie Essex (Britain) teaches the method in a 2-3 days seminar in Copenhagen
- Self-tuition workshops. Once each alternate month all employees meet to exchange experiences and to attend seminars
- A steering group consisting of team leaders meeting about 4 times annually
- Participation in an international network of professionals working with the same methods in for example Australia; USA; The Netherlands and Britain.

In addition to the organisation in the local centres there is an administrative support to the safety plan work that consists of the following:

- Two key coordinators are working with the implementation, and their role is to facilitate and manage the development of the method in Copenhagen social services.

Accumulated experiences with the organisation of the work

Through interviews with the employees and observations the evaluator have been able to sum up the most important points regarding the organisation of the safety plan work within Copenhagen children and families services, where the approach is organised as a preventive measure consisting of both case work and family intervention.

1. The teams must consist of at least 4 employees – and include both case workers as well as family therapists.

It is important that an employee is never working solo

on a safety plan. They must be able to work in partnerships of one case worker and one family therapist. The individual employees have different areas of responsibility and play different roles in relation to the family in question- but they must always work as a tight unit.

Experiences shows that the process becomes too vulnerable in teams of less than 4 employees. The teams consist of a mixture of full time and part time employees. There are both advantages and disadvantages to being part time on the case – having to tend to other cases as well. Experiences show that it is important that there are allocated some full time employees to this kind of assignment – who can concentrate fully on this.

2. Management plays a key role

It is important that the team leaders fully support the method and put priority on the matter. Management must have knowledge about the actual method and should be involved in the actual work to a degree, where they know the individual families and are able to make qualified decisions as to the suitability of a plan.

Some of the local children and family service centres have coordinators to follow the cases closely – in the recognition that the team leader cannot find the necessary time to fulfil this role.

3. There must be time and opportunity for shared reflections

Safety planning takes both time and requires a setting allowing for shared reflections. As long as the child is at home – there is a continuous process of professional evaluations as to whether the plan meets the need of the child. Sometimes these evaluations are done on a daily basis. It is important that the team can meet on a short notice and that the evaluations are a product of a joint process so as to avoid “blind angels” due to an employee being too closely involved with the family.

Summarizing the evaluation show that one has managed to establish safety planning teams and that most of these have gotten off to a good start.

However the evaluations also show that safety planning offers a wide range of challenges and puts new demands to the organisation of the case work and to the employees involved. The general challenges are:

- Many of the employees and leaders perceive it as a fundamental change of culture. This goes for the way that one co-operates with the families utilizing the families and its immediate networks resources. Furthermore it goes for the way of co-operating within the safety planning teams – where one constantly must be open, feel free to express doubts and put question the interventions
- One should not “play solo” - neither as a case worker or as a family therapist, but one should always strive at being part of common reflections shared within team colleagues and headed by the leaders – the reflections must focus on the continued value of the safety plan
- One should strive at working across structures and organisational boundaries and this takes a high degree of flexibility and adaptability – also in relation to the organisation of the work; frequency of meetings; work hours etc.
- That it is an approach that consists of both case work and a therapeutic intervention with the family which requires a clear definition of roles and a willingness to try new ways of co-operating among the individual members of the team
- That the team will experience a fluctuating workload. If one sticks within a limited target team, one will experience periods with many safety plans whereas in other periods there will be only one or even no ongoing safety plans. This puts demands to the individual employee’s ability to up and down-scale their work efforts in the team and put efforts into other cases.

- That the priority of an intensive preventive service in the safety plan teams may cause, that other case workers get more cases and less time to their case families. This happens if the teams has not increased the number of positions, and the workload is just redistributed among the existing employees.

The effort to establish well- functioning teams seems to be incomplete and we expect that in the coming years there will be a need for support for organizing and for enabling the group processes in some of the local safety planning teams.

The actual challenges that many of the teams mention – are as follows:

- Insufficient priority and backing by local management
- Missing referrals of families to the safety plan teams
- Understaffing in the group
- Unclear definition of roles and responsibilities among employees in the team
- General disagreements or personal differences among employees in the team



Discussion of cross-cutting issues

Quotation:

“If you ask the children, they do not want their parents to disappear, but they want the violence or abuse to stop”
Susie Essex.

The evaluation shows that the majority of parents, as well as network people and employees are positive towards using safety plans in cases with families where there have been expressed worries as to the safety and well-being for the child living in the family.

At the same time the results show that by this preventive service - which entails using both the support of the safety network and supervision by the professionals – one has succeeded in creating a safe conditions for many of these children in their daily lives. The survey also shows that a safety plan can act as a motivational process, where the parents often agree to an out of home placement, meaning that the parents choose to co-operate rather than work against a placement.

It will be exciting to see how these children will do in the coming years. Will these children have a chance of a better adult life than many children, who have been placed out of home?

By now the results show that child care cases which have ended after a safety plan has been applied – have not been reopened. This indicates that the children are still safe at home. It will, however, remain constant point of priority to create secure conditions ensuring the well-being and development of the children.

When discussing safety plans, it is important to keep in mind that safety plans are just one of many alternatives in a wide range of preventive services. It is not all children at risk, who are offered a safety plan as a possibility. In 2011 there were 1418 children from Copenhagen children and families service placed out of home and the 40 annual safety plans only make out a fraction of these families.

In future there will still be children placed out of home,

simply because it is the best solution in that particular case – and there will be cases where other preventive services will be better suited to meet the families need for support.

So when assessing if a family is suited for a safety plan, it is important to get the most stringent professional assessment of whether this particular preventive service is the best option for the family.

In the experience of the employees such kind of assessments of suitability is very difficult to do when the process is just starting up. In some cases, it can be necessary to start up the process so as to get to know the child; the parents and the network will thereby be able to assess if it is possible to make agreements that will be honoured. The employees stress that this process is definitely not a waste of time, because it provides a much better insight into the child's situation, and forms good basis cooperation with the family, which is very useful. One should note, however – in cases involving infants a period of a couple of months will have influence on the child's development and this is why it is important to check- up and ensure that the child gets proper care and contact during the safety plan procedure.

Based on all the material of the evaluation the primary advantages to safety planning can be listed as follows:

1. The thorough comprehensive approach to social work. The safety plans have the organisational framework and the necessary manpower required to carry out an intensive preventive service and provide a basis for a thorough comprehensive social work effort with the family and the network. The evaluation shows that an investment in this sort of framework pays off -by providing safety and improves the wellbeing of the majority of the children – thus avoiding a number of out of home placements.

2. The parents and the network appreciate the gravity and assume responsibility.
The method in safety planning ensures that the parents and the network understands the nature of the concerns, they understand the gravity of the situation and they start assuming responsibility for necessary changes in the child's everyday life.
3. The families feel listened to and feel included
The solution focused method enables the possibility for establishing partnerships based on co-operation, where the families feel listened to and where both parents and children are included in the process and become part of the solutions to the problems
4. Everybody is familiar with the concerns and agreements. Safety plans involve everybody around the child, so that they get a sense of heightened attention to the well-being of the child, they will know the plan and the agreements being made. The same goes for the professionals in the day-care; school and youth centres – which also forms a part of the everyday life of the child.
5. The combination of authority, treatment and network involvement.
The method combines social services case work, intensive family treatment and network involvement. Everybody works closely on family and the plan. Building up skills and commitment among the employees. his preventive service put priority to share professional reflections and builds up the employees' skills.
6. This creates great commitment on part of the employees and it affirms the trust in the method, which again rubs off on the families. At the same time it sharpens the employee's attention to network involvement and adds to experience in the area and how it may be applied to other areas of social work.
7. How to achieve an improved process for placements.
The process of safety planning also result in the parents becoming more motivated for accepting the out of home placement of the child. This again results in the placement process, becoming a much more positive experience for the child, simply because the parents and the network are not working against the placement, but takes positive part in the process and that the process is clear to everybody – including the child.
8. The measure is less expensive than out of home placements.
The evaluation shows that when there is time and resources to a more intensive preventive service, clarity about the concerns and the goals, a basis for professional reflections and development of skills, room for cross-sectional co-operation, focus on applying methods for creating co-operation with families and involvement of the network – some families will succeed in making the changes necessary to create secure conditions for the upbringing of the child in the home environment.
There is, however undoubtedly, many challenges in using safety planning in a Danish social services context.
The evaluation points out the following challenges in working with safety plans.
 1. We are talking about a cultural change.
he safety plan hands back the responsibility to the family and to large extent it involves the network as part of the solutions for the child and its situation. This requires rethinking both on part of the employees, the leaders, the parents and their network.
 2. The method provides safety – but does it also create well-being and development?
The safety plans do provide safety, but we need more knowledge about the well-being of the children and how they develop both during and after the safety plan. It is important to keep focus on how the children deal with the agreements under the safety plan and if the child's need for

development has been sufficiently taken into consideration when planning. Furthermore - one needs to follow how the children are doing after the safety plan.

3. The parents' legal position is not always clear in the plans.
The parents' participation in safety plans is voluntarily unlike in the UK, where safety plans are an integrated part of a legal ruling. This raises questions about the parent's legal position, when becoming part of a safety plan with its agreements and rules- and what consequences can and may transgressions result in. These legal issues are currently looked into by Copenhagen social services lawyers.
4. The parents feel controlled.
The parents may have difficulties in family members and friends assume the roles support persons and controllers and some parents feel like they are under heavy surveillance. There is an inert challenge in adapting the method so as to ensure the child is safe and yet leave sufficient room for an adult life and a family life.
5. It is a very demanding task to be a network person.
It can be a big challenge both in practical terms as well as emotionally for the network people to become part of a safety plan, and the new role is laden with multiple dilemmas and conflicts of interest. The safety plan teams are currently tending to the task of clarifying the role of the network and how to offer the best assistance to the network.
6. The organisational framework and management is crucial
The safety plan work requires the necessary organisational framework offering enough time for the individual families, flexible forms of work, interdisciplinary teamwork and incorporates in partnership (consisting of one case worker and one family therapist) and the support of the local management.

7. If these requirements are not met, it will prove difficult to make an effective and sufficiently intensive preventive service as well as to ensure the quality of the intervention.

In the following - these challenges will be discussed from the view point of some cross-cutting issues.

Safety planning in a Danish context

Andrew Turnell has developed the method "Signs of Safety" in Australia, where the social system has a different structure and do not offer the same type of services as in Denmark.

Susie Essex has developed the method "Safety Planning" in a therapeutic context working with families living in Britain. In Copenhagen the safety plan work is part of the social service and there is already a wide range of preventive services aiming at offering support to children and families at risk.

When the method is placed in a Danish setting – it faces several challenges.

First of all, we are talking about having to change a culture and attitude towards working with vulnerable families and children at risk. In our Danish welfare system, the employees are trained to identify the family's problems and initiate a social support.

In safety-planning the thinking is to identify resources, competences and possible solutions using the safety network and by letting private network people take over some tasks and some responsibility for the safety and well-being of the child. According to the employees, this is a new approach to the family and its network and requires "a steady hand", when a professional has to assess if a child is safe and is thriving in the solutions found in co-operation with the family.

Secondly in this country - the safety plan work is part of social services and is executed by authorities. The employees has a wider role than a therapeutic role, as in Susie Essex description of family therapy, but it also holds the role of carrying out the authorities

duties- ensuring that the law is being held and to decide if a child is allowed to stay at home or to have it placed out of home. In Copenhagen social services working with safety plans involve both an authority work as well as carrying out therapeutic preventive services. This is why the safety plan teams must consist of social workers as well as family therapist, tending to different tasks and having different competences, but is part of a working partnership - working closely together and working with the families. The employees have had to work on finding their individual roles both in relation to each other as well as in relation to the families in this new type of work.

Adaptation of the method for a Danish authority context has happened through the drafting of a description of the method and its process; which can be developed further and adjusted according to experience.

At the same there is an ongoing debate and exchange of experience among employees and management across the city. This adaptation and development process will continue in the coming years; however it is important to conclude that the evaluation clearly shows that it has been possible to adapt the method and to use it in a Danish context – with promising results.

Safety planning in a narrative context

According to narrative thinking; the stories we tell about ourselves and our families are part of establishing our identity and the understanding of who we are. The method “Safety planning” focuses on repeating and holding on to the focus on the “old story” in order to prevent the story repeating itself.

The safety network must know the family’s story and it must be told often to the child by reading the book “Words and pictures”, which is a drawn explanation of the problems that the family has had. This method has many positive effects – for example providing the child with an explanation of what is going on. But parents complain, that this method prevents them from telling other people their story and build a new network,

simply because the old story is brought up again and again, both to themselves and the children and the entire network. One development point has been holding on to the child being provided with an explanation and that the story must not repeat itself – but at the same time providing an opportunity for the parents to establish a new network and be able to tell other and different stories about themselves.

Safety planning from a user’s perspective

The children

It has unfortunately not yet been possible to conduct any interviews with children – so the children have not an independent voice this survey.

In a safety plan process there is focus on involving the parents and there are many meetings with the safety network. That is why it is relevant to keep focus on the children’s perspective so it won’t miss out on the expense of involving the parents.

Initially a safety plan focuses on providing secure conditions for the everyday life of the child, protecting the child from violence, abuse or neglect. This type of safety is the first crucial step in creating a foundation ensuring that the child’s wellbeing and is developing well.

But how is the child doing once the safety plan is in running and all the new agreements and guidelines for the everyday life are implemented?

It is important to keep attention on keeping a balance between safety, well-being and development. But it is not enough to provide safety for the child in the home, there must be opportunities for the child to be stimulated and to develop.

The evaluation shows that the employees are more worried about the well-being and development of the child than for its safety, once the safety plan ends.

Such kind of worries are frequently present even if the child is placed out of home and it is not all children,

who are placed out of home that immediately increases their wellbeing and developing. Regardless of safety plan or placement, the well-being and development of the child must always be a focal point for everybody working with the child, especially the professionals, who are in contact with the child on a daily basis.

The evaluations shows that during the safety plan process the employees especially focus on how the children are doing.

They conduct one-on-one interviews with the children, they keep in contact with the child by doing home visits, there are regular reports from day-care and schools, the process form “the compass of change “ is filled in regularly, and there are ongoing group based evaluations and scaling of activities focusing on the safety and well-being of the child. These evaluations are debated on network meetings.

The safety plan ensures that everybody has an increased focus on the safety and well-being and this is continually articulated. Interviews shows that both parents as well as the network people articulate how the children are doing.

These children are not “forgotten” and there are many responses from health visitors, day-care and schools – saying that the children have an increased sense of safety and well-being and seems generally happier during the procedure. These responses matches very well the experiences of the employees. However – there are some parents, who say that the safety plan has had a negative impact on the well-being of their child and there are examples of elements of the safety plan that may come out as having an intrusive effect on the everyday life of the child. This goes for example the unannounced home visits that may take place at any time during the day and according to the parents, the children find them particularly disturbing.

The method provides the child with an explanation of what is going on in the family, expressed in child terms, thus making it a legitimate topic to discuss by creating an open atmosphere, where the secrets and difficulties can be discussed, empowering the child to take action

in emergency situations and ensuring that there are many sets of eyes focusing on the safety and well-being of the child.

We still need to do research into how the children experience the multitude of agreements and instructions and how well they are in accordance with the child’s need for development.

During the process evaluators have raised the issue – if the employees in the safety planning teams had enough professional knowledge about the development needs of a child and have recommended having allocated an extra resource with expertise knowledge within child psychology. This resource - working on a consultancy basis, and could coach the employees and going over the safety plans and assessing them to see if they meet the need of the child.

The parents

In general the parents are positive when being offered a safety plan. It is a bit thought provoking that parents have not realized the seriousness of the situation until they hear the clear wording of the safety plan’s description of the basis of concern, this goes for parents who have had an ongoing case with social services for years. This rises a general discussion of how to communicate with parents about concerns for their child.

To most parents, having a child removed is the worst thing a parent can go through. Once the seriousness dawns on the parents, they are happy to be offered a different preventive services rather than facing a placement.

Many parents are not that happy about involving their private network in the plan, but they agree because they want to avoid having their child placed out of home.

The safety plan provides the parents with a clear description of the concerns and possible consequences as well as what changes need to happen to remove these concerns.

The evaluation shows that this often makes the parents choose to co-operate with social services and agree to assume the responsibility for making the changes and finding new solutions to issues in the everyday life of the child.

Involving the safety network in solving family issues is new to many Danish families. This is a break of culture, where adult children move away from home, establish their own family and are expected to make it on their own or assisted by social services, should they have problems. Many parents view this in a positive way, since it brings the family and the network closer together and in cases of families with long-lasting conflicts and separation this may be beaten and they become a more positive contact with each other again. However the parents also say that they have difficulties with the new roles, where their parents often become controllers and support persons and the parents feel “taken back” to teenage-hood, where their parents checked up on what they were doing, when they came home and checked if they had cleaned their room.

The majority of the parents say that the methods do offer challenges, but it is also positive and useful – providing a way to avoid an out of home placement of the child.

Often the parents feel that co-operation with the employees has been positive, a feeling shared even by a large part of the families, where a placement could not be avoided. A few parents do not feel included and see the process as having divided the family.

The safety network

To the safety network it also is experienced as a challenge to assume responsibility for the safety of the child and take on a new role in relation to the family.

The new role as a safety network person does go against the way we have arranged our social structures and the plan often means that generations become more dependent on each other and have to arrange their lives in a new way – now the family is closer together. Grandparents on retirement, who have

looked forward to enjoy their newly won freedom by travelling or going to the summer cottage and attend cultural venues sometimes end up having small children roaming the house and picking up grandchildren at day-care and turn up at short notice to handle crisis around the clock!

The safety plans puts both close family members as well as friends in a loyalty conflict because they have to balance between focusing on the child and its safety and may well find themselves in a situation where they may have to “inform on” the parents to the social authorities. At the same time many network people describe being a member of the network as a huge task and a strain both physically and mentally, simply because they have to be on alert and ready to go and solve urgent problems in the family.

The safety plan puts them into new situations they are not equipped to deal with. To some network people the safety plan means that their daily lives have been turned upside-down and they wonder how long they can handle the pressure.

Despite workload and conflicts of interest all network people say that they have trust in the method and they would do it again because they became part of ensuring the well-being of the children and helped keeping the child from being placed out of home.

The safety network had no doubt that a safety plan was a fare better preventive service, than a placement.

An absolute vital part of a safety plan is that the private network assumes responsibility for the child’s safety and well-being. That is why it is important that the network do not “burn out” and pulls out, but is able to remain present and focused on the child.

But, how long can one expect members of the family and close friends put up continued and intensive efforts in the family, and what should be the future role of the network people? The network people accept to participate because the alternative is that the child would have to be placed out of home.

In many cases both the process and the result have been positive, and both the parents and the network have enjoyed it and are positive about the closer contact and the active role of the network. This especially goes for the cases, where the result has been a positive development and where the network people have been able to cope with having to “put their lives temporarily on hold”- while the parents get their daily lives with the children working and step-by-step reassumes responsibility.

The question is- what will happen in the cases, where one assumes that the network people probably will have to play an active key role for years - are they able and willing to live with this change in their lives for an extended period, or would a different preventive service be more suitable in these situations?

If one is talking about professional part-time foster families offering temporary relief and support people, these people would be offered courses and supervision in order to assist them in their task.

So it seems unlikely, that the safety network consisting of untrained members will be able to handle the task unsupervised. It is a huge challenge finding out how to co-operate with the network so they feel they get support, while carrying out the task, and they feel they get coaching when difficult situations arise, and in general that on this basis will make them feel capable of assuming the responsibility and carrying out all the tasks themselves.

Safety plans viewed in a power perspective

A safety plan is a mixture of social authority work and empowerment. You assign the control over their own lives to the families by placing trust in their resources and competences, and allowing them to do the organizing and to find new solutions to the problems.

At the same time the power is with the social services that at any time in the process can make a decision, that this is not up to standards, and remove the child from home immediately and without parental consent.

The question is, how conscious are the employees about this power relation, and how is it expressed in the dialogue with the family? The parents express doubt as to who makes the decisions, and the consequences of not following the agreements in the safety plan. This seems to indicate a certain level of ambiguity in the way the social worker is communicating this exercise of power to the parents.

Safety planning consists of both the exercise of authority and an intensive family treatment and this has made parents ask about their legal rights in different situations during the safety plan. This happens for example if the child is placed in the private network as part of the plan – do the parents have the possibility to complain? This and other questions are being worked on by the social services lawyers.

Safety plans in an organizational framework

The evaluation shows that, if the method is to be implemented by Danish social services it will require a special type of organizational framework for this kind of activities.

This requires willingness in the organisation and on the part of the management to dare “run the risk” and refer the families to this preventive service instead of placing the child out-of-home. A placement may initially seem to be the “safer choice”, because social services can document, that it has taken action. However it may not be “the best” solution, if it is possible to establish safe conditions for the child in its home.

Local management must be closely involved in the work and should be able to step in, do evaluations and make decisions as to whether the plan will create safety for the child.

Furthermore it takes physical environments and resources allowing the social workers and family therapist to forge partnerships, and spend the necessary time resources on the families. In Copenhagen, one estimate that each employee in the safety plan team participate in 5 active safety plans at the time, but during the implementation phase of this new preventive

service, the employees have fewer ongoing cases.

Another important point is the possibility for qualified supervision, coaching and exchange of experiences with other employees, as well as development of skills for employees adapting this work methodology.

In many ways, the method offers several challenges to the organisational framework of the social services. It cuts across the borders of authority work as well as therapeutic and preventive interventions. It requires great flexibility on part of the employees and the possibility to summon to meetings within hours, and the power to make decisions and take immediate action. And it also requires employee resources that can ensure that the employees can work intensively with a limited number of families.

In some local centres, one has chosen to increase the number of employees in the safety plan teams and the experiences from these local centres is, that the staff resources spend have paid back several times, because of savings in the number of out-of-home placements. Places where one has chosen not to increase the number of employees and just reorganise the existing resources, has meant that other case workers have got more cases and less time for their families.

Conclusion

In 2012 the safety planning was introduced as a city-wide offer and there has been established local safety planning teams, working by a professional standards and well-documented methodology.

In 2012 there has been 43 safety plans. In about 2/3 of the completed cases it has meant that the child has been able to remain at home, because of an intensive work from the case worker, intensive family treatment and commitment of the safety network - all together bringing about secure conditions for the child. This goes for 9 families.

Both users as well as the employees are satisfied with the method and encourage Copenhagen children and families services to have a continued use of this method across the city.

There are, however many challenges in working with the method both in terms of using the method organisational, as well as method-wise, and in the coming years there will be a need for developing the method; ensuring the quality and adapting the method to the Danish context. There will be an increased need for professional focus on the status of the children's well-being and development both during and after the safety plans. And finally - how can one support the safety network in their new role as a safety person in the family.

Furthermore it is obvious that several elements of the method would have applications in other aspects of social work especially with vulnerable families, and it should be used in other types of case work and types of interventions.



Supporting documents

Presentation of the evaluation

The evaluation covers the operationalization of the method “Safety Planning” in Copenhagen children and families services, focusing on the work with children at risk and vulnerable families.

The evaluation was carried out in the 8 local centres in Copenhagen between September the 15th 2011 and December the 12th 2012.

It has been carried out by evaluator, cand. Scient.soc. Tove Holmgård Sørensen, who has been part of the administration office for children and families in the borough of Copenhagen.

Evaluation design

The evaluation process has been conducted as a formative evaluation based on the co-operation between the evaluators and the practitioners. This means that there has been an ongoing dialogue between the evaluators and the practitioners, the employees/ leaders/consultants and that the accumulated knowledge has been returned back to the practitioners, and is has been included in the continual development of the method.

One can speak of a mix design, using both qualitative and quantitative research methods:

- Method description: Description of the method “Safety plans” and a summary of experiences using the method.
- User survey: Qualitative interviews with both parents and people from the families’ safety network.
- Interviews with the employees: Group interviews with all employees from all 8 local centres.

- Participatory observation: Participation in training sessions; self-tuition sessions and other professional activities.
- Statistical registration: Mapping of all safety plans – carried out between October 2011 and November 2012.

In the following section selected parts of the evaluation – methods applied and data will be described and commented.

Description of the methodology

At the start of the project there was no description of the method available in Danish. The first step was to read through descriptions of the method conducted in other countries, as well as collecting and describing the experiences by employees in Copenhagen already using the method. In cooperation with the consultants from the administration office at Copenhagen children and families service the method has been adapted to a Danish context, and the evaluators have written descriptions of the method and made it available in the intranet. The description of method includes: common guidelines for practice in Copenhagen social services, a collection of useful links to foreign sites describing experiences in other countries, good advice, templates etc. As of January 2012 all work in the 8 local centres using the safety plan method has been based on these common guidelines. The electronic version of the description of methods is updated continuously, and has been expanded containing new relevant links and descriptions of experiences.

Presentations of information

All safety plan workers get an oral introduction to the description of the method, and they have all expressed that they find it a very useful tool for ensuring a common professional understanding of the concept.

In October 2012- using an anonymised questionnaire - all the employees were asked to what degree they had used the written description of the method. 26 employees took part in the survey of which 3 people were coordinators or leaders. 65% of the participants replied that they had used the description of the method several times. Only two of the participants replied that they had not used the description.

Thus one has succeeded in creating a common professional methodological tool, which gathers knowledge and experiences and puts all of it in one common accessible place. The description of the method is also being used by the employees, and they add that it makes the introduction of new employees easier.

User surveys

The plan was to conduct 3 user surveys – consisting of a qualitative interview with both children, parents and people from the safety network.

Interviews with the children

Throughout the implementation phase the evaluator has tried to get interviews with some of the children, who have participated in a safety plan. This immediately showed to be challenging. The parents expressed a clear desire to protect their children and give them some rest, as the children already has participated in countless meetings and interviews involving many people.

Despite these challenges we were not discouraged and tried to get permission from the parents several times. At first the evaluator asked some of the parents and later some of the employees asked other parents. Only in 3 cases did we manage to get acceptance for an interview with the child, resulting in an abandonment of this part of the survey.

One reason is that we are talking about a very limited number of families – who have a safety plan- and in some of these families the children are too young to be interviewed. Thus we recommend that we carry out the interviews at a later stage, when there are a larger number of children and families to choose between.

Interviews with the parents

There have been conducted 15 qualitative interviews with parents – of which 9 were mothers and 6 were fathers.

The 15 parents were from 10 individual families. It was 10 out of the 23 active safety plans active at the time of the start of the evaluation.

The families were selected by the evaluator, so as they would represent a wide variety of families and types of challenges. The selected families were characterized by the following:

- 3 families have a background as an ethnic heritage
- There are in all 17 children in the 10 selected families
- 65% of the children are girls
- About half of the children are under school age. Two children are infants
- There are no children at the age above 13 years in the survey and there are no safety plans including only youngsters in this survey
- In the families the following types of challenges are represented:

| Challenges | Number of families interviewed having this challenge present |
|--|--|
| Parents abusing of marijuana/ alcohol/ drugs | 6 families |
| One parent has been imprisoned | 4 families |
| Mental illness one or both parent | 3 families |
| Domestic violence | 2 families |
| Serious neglect / suspicion of lacking parenting skills | 2 families |
| Abandonment of child (-ren) | 2 families |
| Conviction for sexual abuse towards children in the family | 2 families |
| Suicide attempts on part of one or both parents | 1 family |
| Older siblings placed out of home | 1 family |
| Returned to home after out-of-home- placement | 1 family |

The 10 families are users from 4 different local centres in Copenhagen. These 4 centres are the ones with the longest experience working with safety plans.

The interviews have been conducted in the period from April to August 2012. Most interviews were conducted at the parents home – except for 4 interviews which were conducted at the child and family service centres (in accordance with the parents' wishes).

The interviews lasted 1 – 1 ½ hour and have been recorded on tape. One of the interviews has been conducted using a translator. The parents have been

interviewed separately – except in one family where the parents were interviewed together.

Interviews with people from the family's safety network

There have been conducted interviews with 6 people from the 10 selected family's safety network. All 6 people play a very active role in the families' safety plan- either being grandparents or close friends of the parents. 4 men and 2 women have been interviewed. One of the interviewed persons is of ethnic heritage.

The safety network people have been selected by the evaluator based on the interviews with the parents. Thus the safety network people are from the same families as the interviewed parents.

The interviews either took place at the safety network people's own home – or at evaluator's office. They lasted about 1- 2 hours and have been recorded on tape.

How information is distributed

The experiences of the parents and network persons have been conveyed in two interim reports (these reports are unfortunately not translated into English), which has lent voice to the families through quotations and examples. These interim reports provide a comprehensive understanding to the perspective of the families, and can be used by the employees to develop and refine practice.

Furthermore the two surveys have been communicated to all members and leaders of the safety plan teams.

The employees have also worked with the user responses on common self-tuition sessions. The employees have been enthusiastic and open towards the results of the surveys, and in many of the teams this has lead to a change of practice and an increased attention to certain focus points in co-operation with the parents.

This process is still ongoing and in 2013 the user surveys will form the basis of more shared reflections and for development of the current methods.

The user survey has also been communicated to team leaders; area managers and to the administrative employees at Copenhagen children and families services.

Employee Interviews

There have been conducted two rounds of interviews with the employee's .In October 2011 there were conducted two group interviews with the employees from the 4 local centres already using the method.

In November 2012 there were conducted group interviews with employees in each of the 8 safety planning teams in all of the local centres. During some of the interviews the coordinators were present.

How information is distributed

The interviews with the employees were concentrated on three areas:

1. Organisation of the work.
Copenhagen children and families service was the first to use the safety plan method in a Danish context. The first round of interviews with the employees resulted in an interim report describing experiences and making recommendations for how the local practice could be organized (paper no 2, not translated into English). In the second all experiences from 2012 was gathered and prepared to be passed on in this final report.
2. Experiences from using the method.
The employees individual experiences with the different elements of the method has been collected and been passed on across the town via the electronic description of the method and by presentations by the evaluators. Furthermore the self-tuition sessions have been an important vehicle in both promoting exchanges of experiences -cutting across the organisation and to share reflections about the method.

3. Results of the efforts

The employees were specifically interviewed about their professional opinion of this preventive service- both in relation to the individual safety plan as well as in general terms.

These evaluations are part of the statistical mapping of the safety plans (paper. no. 6, not translated into English), as well as in the general reflections about the method featured in this report.

Participatory observation

The evaluator has participated in all of the self-tuition meetings for safety planning employees, throughout implementation period as well as in seminars conducted by Andrew Turnell and Susie Essex. Furthermore the evaluators have participated in all the meetings in the steering group throughout the period.

Statistical recordings

The evaluator has twice made a statistical recording of all ongoing safety plans – in October 2011 and November 2012.

The mapping includes all safety plans been initiated since 2009. Safety plans started after November the 15th 2012 is not part of the mapping.

The material has been gathered by the evaluator through interviews with all the individual employees in the 8 safety planning teams. Together with the employees the evaluator has filled out a structured evaluation form for each safety plan. The form has been filled out by the team, so that all the employees, who have been part of the process in the family, have made a collective answer. In general the employees have agreed on the answer, which again illustrates that there have been ongoing debates during the safety plan process and an open reflective environment in the team.

How information is distributed

All evaluation forms have been gathered and categorized by the evaluator and presented in a cross cutting mapping (paper no 1 and 6, not translated into English). The mapping has been passed on to the employees, leaders and the staff.

It is important to note that the mapping is based on a limited number of safety plans, which makes it problematic to actually speak in terms of percentages and distribution. Just one safety plan may cause a change by many percentages and change the picture completely. The results must be viewed as tendencies.

In the future all safety plans will be registered in the CSC- Copenhagen social serviced IT system and management will be able to get relevant statistics on demand. The evaluator has also participated in creating the template for CSC- in order to ensure that all relevant statistical information can be registered in the future.

The evaluation process

Evaluator has been able to forge a positive and constructive working relation to employees, leaders and the administrative staff.

The evaluator has also contributed to getting the method documented and described; sharing experiences among the employees, getting focus on the user-perspective and establishing procedures for statistical registration of the target group, the procedure and the results.

Based on experiences gained from this evaluation and from the project "Familien i centrum" - the employees actually see this kind of formative evaluations as positive- supporting and increasing the speed of improvements in the methods and improvement of competencies.

An overview of interim reports

Besides this final report the results of the evaluation have been communicated in independent papers throughout the process.

Readers who want more detailed access into material and the results may consult these supportive evaluations. These reports are unfortunately not translated into English.

- Paper 1: Mapping of safety plans; November 2011.
- Paper 2: Organizing the safety planning work.
- Paper 3: Method and process description; November 2011
- Paper 4: User survey – parents; September 2012.
- Paper 5: User survey – the safety network; September 2012
- Paper 6: Mapping of Safety Plans; November 2012.



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