



Wilder
Research



Signs of Safety in Minnesota

*Parent perceptions of a Signs of Safety
Child Protection experience*



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Contents

Executive summary.....	1
Introduction.....	3
Child Protection reform efforts.....	3
Research on Signs of Safety	6
Methods.....	9
Selection of counties and families	9
Parent interview	10
Data analysis	11
Limitations	13
Description of families.....	14
Key findings.....	16
Early engagement.....	16
Relationship with case worker	18
Assessing risk and safety	21
Incorporating the child’s voice	23
Case outcomes: Families’ future outlook	25
Overall experience	26
Discussion.....	28
Future directions	28
References.....	31
Appendix.....	34
Parent interview protocol.....	35

Figures

1. Cases containing Signs of Safety practice elements.....	12
2. Interview participants by county.....	14
3. Type of allegation	15
4. Case characteristics mentioned by respondents during interviews.....	15
5. Shift in parents’ perceived experience.....	27

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Executive summary

Signs of Safety is a strengths-based, safety-focused Child Protection intervention strategy. The approach has been adopted as a major child welfare reform by at least 32 jurisdictions in 11 countries around the world. Signs of Safety was created by Andrew Turnell, social worker and brief family therapist, and Steve Edwards, Child Protection practitioner, in partnership with 150 Child Protection case workers in Western Australia during the 1990s. Two Minnesota counties, Olmsted and Carver, were among the first jurisdictions in the world to achieve full-scale implementation of Signs of Safety. In 2009, the Minnesota Department of Human Services in partnership with Casey Family Programs launched a Signs of Safety training initiative that helped support the spread of this practice model throughout 18 additional Minnesota counties.

The current study gathered information directly from parents and caregivers in five Minnesota counties implementing the Signs of Safety approach. The purpose of this evaluation was to understand how parents and caregivers experience child welfare services, determine whether elements of the Signs of Safety model could be discerned from parents' description of their experience, and assess the extent to which the worker's application of the Signs of Safety approach lead to a positive overall experience. Information was gathered through semi-structured telephone interviews.

A parent/caregiver was eligible to participate in the study if he/she: (a) was previously involved with Child Protection and had been exposed to the Signs of Safety approach; (b) had a case that had been closed at least 30 days but no more than 6 months at the time of the interview; (c) had a case that had been open in case management for at least 30 days; and (d) was at least 18 years of age.

In total, 24 parents completed interviews, for a response rate of 67 percent.

Key findings

- Two-thirds of respondents (N=16) reported that their social worker took time to get to know them and their situation. Parents frequently remarked that their worker made them feel like an individual, not just a number or a case. Three parents (13%) felt that their worker never got to know them at any point during the case.
- Sixteen parents (67%) reported that their worker clearly described to them why Child Protection had become involved with their family. Five parents (21%) stated that they eventually learned why, but it had not been made clear to them right away, or that they “somewhat” understood, but did not have a full understanding of why Child Protection was contacting them.

- A majority of parents (75%, N=18) felt they did have a clear understanding of what needed to change, although at least two families said it was not immediately apparent to them, and that the process took time.
- Most parents described their case worker and their relationship with one another in positive terms. Parents used terms such as “friendly,” “professional,” “respectful,” “good listener,” “fair,” and “non-judgmental” to describe their worker.
- The majority of parents interviewed (83%, N=20) felt that their case worker had been honest and “straight up” with them about their case.
- Almost all parents interviewed (96%, N=23) recalled that they had participated in the process of safety planning. Twelve respondents (50%) described this process in a way that was clearly indicative of Signs of Safety (e.g., writing on boards, scaling, and references to specific tools like Safety House and Three Houses).
- All parents who were asked (23 of 23) said that their worker had helped them identify a “safety network” of people, including family members, friends and other professionals, who could serve as a resource for the family in times of crisis.
- According to parents, the child’s point of view was included in just 9 of 23 cases (39%). In the remaining 14 cases (61%), parents stated that their child was not included in the process, most often because the child was too young, according to parents.
- Of 15 parents asked about how they felt about their family’s situation going forward, 10 parents (67%) reported that their work with their Child Protection worker had given them hope that things would get better for them in terms of keeping their child safe.
- For two-thirds of parents (67%), their perceived experience either remained positive over the course of the relationship (29%), or improved over time (38%), with more than half of the cases (58%) being considered positive overall by case closure.

Overall, the findings suggest that not only are parents who received child welfare services from the five participating Minnesota counties able to recount their child welfare experiences in ways that reflect the Signs of Safety framework, but many parents generally describe these experiences positively. Based on the predominantly positive affect exhibited by parents during these interviews, it appears that the Signs of Safety model holds promise as an effective method of engaging families in assessing and planning around child safety. More research is needed to fully understand the benefits of implementing a Signs of Safety framework relative to other child welfare practices.

Introduction

Child maltreatment is a longstanding social problem that continues to affect families and communities despite ongoing attempts to eradicate it. In 2009, about 702,000 children were deemed to have been maltreated in the United States (U.S. Department of Health and Human Services [USDHHS], 2010b).¹ During the same year, the rate of child maltreatment was 9.3 per 1,000 in the population.² With the exception of some forms of child neglect, there was a steady decline in the rates of substantiated child maltreatment in the mid- to late-1990s, and the Fourth National Incidence Study (NIS-4) found large declines in physical abuse and sexual abuse between 1993 (NIS-3) and 2004 (NIS-4). However, rates of all forms of child maltreatment in NIS-4 remain at or well above 1986 levels (NIS-2), and there was a five-fold increase in emotional neglect reported in NIS-4 compared to NIS-2.

Nationally, in 2009, approximately 124,000 children were removed from their homes in the 44 states reporting this information, accounting for one-fifth of all children in these states deemed to have been maltreated (USDHHS, 2010a). Most children were placed into out-of-home care due to some form of parental neglect, while others had experienced physical, sexual, or emotional abuse.

Child Protection reform efforts

Despite declines in child maltreatment rates since the 1990s, the number of children reported to have been maltreated remains high. Over the past ten years, many Child Protection agencies across the U.S. have made the following kinds of modifications in an effort to improve Child Protective Services (CPS) for families:

- Refined the screening questions and decision-making criteria used to respond to calls to their CPS hotline
- Instituted safety and risk assessment systems
- Implemented differential response/alternative response systems
- Enhanced the training CPS staff receive through Training Academies and supervisory coaching

¹ Note the count of 702,000 children is an unduplicated count of children deemed to have been maltreated.

² The unduplicated rate of maltreatment was computed by dividing the total duplicated number of children reported to be maltreated by the child population for the 51 states that reported these data and multiplying by 1,000. See <http://www.acf.hhs.gov/programs/cb/pubs/cm09/cm09.pdf#page=9>, p. ix.

- Adopted the use of Appreciative Inquiry, Motivational Interviewing and solution-focused casework techniques (Barrett, Christensen & Todahl, 1997; Burford & Hudson, 2000; Cameron, Vanderwoerd, & Peirson, 1997; Connolly & McKenzie, 1999; Pecora, Whittaker, Maluccio, Barth & DePanfilis, 2009; Shusterman, Hollinshead, Fluke & Yuan, 2005; Turnell, 2010b)

To assess the effectiveness of these reforms, many agencies are tracking trends in key CPS performance indicators such as the proportion of timely investigations, CPS re-referral rates, serious child injuries related to child maltreatment among families served by CPS or alternative response services, and other indicators (Petras & Ward, 2011; USDHHS, 2011a). Some agencies are interviewing or conducting focus groups with the parents they are serving in CPS or other child welfare services as part of a multi-faceted approach to assessing quality and/or fidelity of their services which includes:

- ***Parent/caregiver*** reports of their worker's actions, overall perceptions of the CPS service delivery process, services provided, other family supports, and outcomes achieved
- ***Youth*** assessment of their worker's actions, overall perceptions of the CPS service delivery process, services provided, other supports, and outcomes achieved
- ***Worker*** self-assessments
- ***Supervisor*** assessments of worker's actions based on observations of practice in the office and in the field
- ***Coach/trainer*** assessments based on observations of practice in the office and in the field
- ***Researcher/consultant*** assessments based on observation of workers/staff in the office and in the field
- ***Case record reviews*** by worker, supervisor, agency personnel or outside reviewer (Decter & Pecora, 2011)

Signs of Safety framework

One of the more recent efforts to reform child welfare work with families is the Signs of Safety approach, a strengths-based, safety-focused Child Protection intervention strategy. The approach was created by Andrew Turnell, social worker and brief family therapist, and Steve Edwards, Child Protection practitioner, in partnership with 150 Child Protection case workers in Western Australia during the 1990s. The model has evolved over time based on the experiences and feedback of Child Protection practitioners. It is currently

being implemented in at least 32 jurisdictions in 11 countries around the world (www.signsofsafety.net).

The Signs of Safety approach was designed to give Child Protection practitioners a framework for engaging all persons involved in a Child Protection case including professionals, family members, and children. The primary goal for Signs of Safety work is the safety of children. Andrew Turnell, Signs of Safety program co-developer, identifies three core principles of the Signs of Safety approach (Western Australian Department for Child Protection, 2011):

1. Establishing constructive working relationships between professionals and family members, and between professionals themselves
2. Engaging in critical thinking and maintaining a position of inquiry
3. Staying grounded in the everyday work of Child Protection practitioners

Risk assessment framework (Mapping)

The Signs of Safety approach uses a risk assessment framework that includes four components: (1) danger and harm, or worries, (2) existing safety, or strengths, (3) agency and family goals for future safety, and (4) a safety judgment. Practitioners should complete the map with the family so it is understandable to them. It is a way to help both practitioners and family members think through a situation of child maltreatment, and it is to be used to guide the case from beginning to end.

Involving children

The Signs of Safety approach also offers concrete tools and strategies for engaging children in the risk assessment and safety planning process. This component of Signs of Safety was developed more recently, and like other elements of the approach, continues to evolve as social workers use and refine the tools. Besides employing a wide range of appreciative inquiry, critical thinking, strengths-based assessment and other clinical skills, the current strategies for engaging children are: (1) Three Houses tool, (2) Wizards and Fairies tool, (3) Safety House tool, (4) Words and Pictures, and (5) Child Relevant Safety Plans (Turnell, 2010b).

Appreciative Inquiry

Appreciative Inquiry is a process of improving organizational practices by studying what works well in the organization. According to Signs of Safety program developer, Andrew Turnell, most Child Protection policies and procedures were developed in order to avoid

situations that went wrong in previous cases, or are based on the research of academics and policy makers who usually function at a significant distance from the everyday experiences of Child Protection workers (Turnell, 2010b). In a direct parallel to the manner in which the Signs of Safety approach asks practitioners to pay careful attention to what is working in the families with whom they work, Turnell argues that agencies need to build a culture of appreciative inquiry around frontline practice by focusing on good case practice. Turnell believes that by focusing on what works, families and organizations are more willing to acknowledge and address problematic behaviors or practices.

Research on Signs of Safety

The Signs of Safety approach is being implemented in many countries, First Peoples and tribal nations. The research base is slowly growing but has not been able to keep pace with the substantial increase in practitioners being trained in the approach. Studies have been completed in Australia, Canada (including the First Nations peoples of Metis and Ktunaxa), Copenhagen, Denmark, Finland, New Zealand, the United Kingdom (Gateshead), and the United States (Minnesota – see Skrypek, Otteson, & Owen, 2010). The major limitations have been the use of small sample sizes and the lack of control or comparison groups. Nevertheless, important foundational work has been completed, with a focus on these key areas:

- Training impact
- Worker interactions with families
- Decision-making and case planning behaviors
- Perceived “ease of practice”
- Child safety
- Foster care placements
- Staff retention and morale
- Parent reports of practice changes

In brief, besides increasing specific and realistic child safety plans that were co-developed by families, lowering rates of child maltreatment re-referral, reducing placement of infants at birth, and lowering involuntary terminations of parental rights, other outcomes that seem

to accompany careful, thorough and sustained Signs of Safety implementation are increased worker and supervisor job satisfaction, and reduced worker turnover.³

The parent perspective

One key way to evaluate the effects of Signs of Safety and other child welfare reforms is to talk directly with parents who have received Child Protection case management services. In some cases, as in Massachusetts and Canada, parents have provided valuable feedback and observations about CPS and worker actions.⁴ For example, Dumbrell (2006), in his review of the literature, finds a mix of positive and negative perceptions of CPS, perhaps depending on the particular research method employed to collect this information. Multiple satisfaction studies have found that parents generally view the intervention rather positively, in contrast to some in-depth qualitative studies, in which parents perceived services to be “inhumane”, feared the power exerted by workers, and felt misunderstood by workers and unable to rectify the misunderstandings.

A 2006 study conducted by Westbrook (as cited in Wheeler & Hogg, 2012) in Carver County, Minnesota involved CPS supervisors conducting two sets of interviews with parents, exploring their relationship with their case worker. The first interview was conducted following the parent’s involvement in a traditional model of child protective services, while the second interview occurred six months later, after workers were trained in Signs of Safety. Although the study involved a small number of participants (N=9), results revealed that most parents did report differences between the two assessments. After workers were trained in Signs of Safety, parents tended to describe their worker as more caring, warmer, less judgmental, and as someone who both listened and explained more to the parent.

The Signs of Safety approach has evolved over time, in part, by listening to and conducting research with service recipients to gather a detailed picture of their experience of the Signs of Safety practice.⁵ Whether positive or negative, parents have important observations and reflections to share with evaluators and agency staff that can be instrumental in refining services, including new CPS safety/risk assessment approaches and new practice methods.

³ See, for example, Christianson & Maloney, 2006; Reder, Duncan & Gray, 1993; Turnell, 2010; Turnell, Elliott & Hogg, 2007; Turnell, Lohrbach & Curran, 2008.

⁴ For more information on the Massachusetts study contact Shellie Taggart at shellietaggart@verizon.net.

⁵ See, for example, Teoh et al., 2003; Turnell & Edwards 1999; Turnell, Elliott, & Hogg, 2007; Turnell 2004; 2006; and 2007.

Context for current study

In 2010, Casey Family Programs contracted with Wilder Research to conduct an evaluation of Signs of Safety activities occurring in Minnesota. The purpose of the first phase of the evaluation was to develop a set of benchmark indicators to determine levels of implementation of Signs of Safety using data from interviews with the program developer, as well as child welfare practitioners and supervisors from 15 jurisdictions participating in a training initiative hosted by the Minnesota Department of Human Services (Skrypek, Otteson, & Owen, 2010).

Phase two of the evaluation, completed in 2011 and the focus of this report, aimed to gather information directly from parents and caregivers who recently had an open Child Protection case in select counties in Minnesota implementing the Signs of Safety approach. The purpose of this phase of the evaluation was to understand how parents and caregivers experience child welfare services, determine whether elements of the Signs of Safety model could be discerned from parents' description of their experience, and assess the extent to which the worker's application of the Signs of Safety approach lead to a positive overall experience.

Methods

In order to gather information about parents' experiences with Child Protection in Minnesota as guided by a Signs of Safety approach, Wilder Research conducted semi-structured telephone interviews with parents from five counties across the state.

Selection of counties and families

Child welfare supervisors from select Minnesota counties were invited to participate in the parent interview study. The selected counties included: (a) a subset of counties who had been participating in the Signs of Safety training initiative in 2010 sponsored by the Minnesota Department of Human Services and were furthest along in their implementation of the practice model (Scott, St. Louis, and Yellow Medicine Counties); (b) two Minnesota counties whose child welfare staff have had multiple years of experience implementing Signs of Safety in their respective counties (Carver and Olmsted Counties); and (c) a local County in the very preliminary stages of implementing Signs of Safety in their County that could serve as a comparison group (Hennepin County). Hennepin County staff declined to participate, in order to focus their energy on training and start-up related to implementation of Signs of Safety.

The five participating counties were asked to identify and consent eligible families to participate in the interviews. A parent was eligible to participate in the interviews if he/she:

- Was previously involved with Child Protection and exposed to the Signs of Safety approach
- Had a case closed at least 30 days but no more than 6 months at the time of the interview
- Had a case that had been open in case management for at least 30 days
- Was at least 18 years of age

County staff contacted all eligible parents, or a randomly selected sample of parents if more than 20 individuals were eligible in a particular county, by either letter or telephone and invited them to participate in the telephone interviews. During the invitation process, county workers explained the purpose of the study, the questions to be asked, how the information would be protected and used, the incentive available, and the voluntary nature of the study. Where possible, parents were contacted by the county worker with whom they had previously worked. Counties then provided Wilder Research with the names and contact information for parents who provided either verbal or written consent to participate in the interview. In addition, counties provided basic descriptive information about these cases, including the start and end date for their most recent Child Protection involvement and the type of report or allegation related to this involvement.

Parent participation

Across the five counties, a total of 137 parents initially qualified for the study (between 6 and 66 parents per county). Approximately 100 parents were contacted by county workers and invited to participate.⁶ Of these, 42 parents indicated their consent to be contacted by Wilder Research about the study. Parents whose cases opened prior to 2009 were ultimately excluded due to the increased likelihood that families may have interacted with multiple workers, including workers who may not have been trained in Signs of Safety, and because of recall issues (N=6). This left a remaining 36 parents eligible for the study, all of whom were contacted by Wilder Research by telephone. At the time of contact by Wilder Research, parents were reminded about the purpose and voluntary nature of the study, assured that responses would be kept confidential, and informed that they did not need to share specific details about their case, in order to alleviate any discomfort such disclosure might cause. Parents were therefore given a second opportunity to decline to participate.

In total, 24 parents completed interviews, for a response rate of 67 percent. A total of 12 parents did not complete an interview. While two parents had disconnected telephone numbers, a minimum of 15 contact attempts were made with each of the other 10 parents, but they could not be reached.

Parent interview

A semi-structured, largely qualitative interview protocol was developed by Wilder Research, in collaboration with Casey Family Programs, the Minnesota Department of Human Services, and staff from the six Minnesota counties invited to participate in the study. The development of interview questions was guided by current research on Signs of Safety and the work underway in other states such as California to gather input directly from parents about their Child Protection experiences. The interview asked parents a series of open-ended questions about their initial engagement with their Child Protection worker; their relationship with their worker; specific key elements of Signs of Safety practice such as safety planning/mapping, goal setting, and focusing on strengths as well as challenges; the outcome of the case; and their feelings about their family's situation in the future. Additionally, basic demographic information about the parent and his/her child(ren) was also gathered at the time of the interview (i.e., age, sex, and race of the parent, and age and custody status of the parent's children). See the Appendix for a copy of the interview protocol.

⁶ The actual number contacted may be less as some counties may have stopped attempting to contact families after they identified approximately 12-14 parents who gave consent to participate, which is the number of parents they were asked to provide to Wilder Research.

Pilot phase

The interview protocol was piloted in September 2011 with six parents. A team of three experienced interviewers, trained in interviewing techniques and oriented to the Signs of Safety framework, as well as one of the lead research staff, conducted the initial interviews. The research team and interviewers then met to discuss the responses to the original interview protocol. While most of the protocol worked well, the team identified several opportunities to refine the interview by clarifying language in the instructions and in several items, adding or modifying probes, and reordering items to increase respondents' overall understanding of the questions and to ensure the right information was being gathered.

Data collection phase

The revised protocol was tested with additional parents, worked well, and used for the remaining interviews conducted by the trained team of interviewers. Most interviews lasted approximately 45 minutes. Interviews were completed between September and October 2011, and all parents who completed an interview received a \$20 gift card.

Data analysis

Qualitative data analysis of the completed interviews was primarily conducted by two lead members of the research team. As a first step, the two researchers read verbatim transcripts of five randomly selected interviews and then met to identify initial themes and develop a preliminary coding scheme. The researchers then read the responses to an additional five interviews and met again to finalize the themes and coding structure and plan. This process included a discussion of the codes each researcher used, and any discrepancies between researchers were discussed until a consensus was reached to establish inter-rater reliability.

Using the commonly developed coding scheme, both members of the research team read all 24 interviews and each researcher coded the interviews for select themes. In addition, the team split the interviews and each coded half of the interviews for the remaining themes. Themes and codes were tracked in an Excel spreadsheet. At the conclusion of the coding process, the researchers met again to review the codes assigned, discuss any uncertain codes, and come to an agreement about these codes. Throughout the coding process, the researchers also identified key quotes reflecting each theme.

Additionally, the analysis included an examination of the influence or presence of Signs of Safety on select variables of interest (e.g., parent overall experience, inclusion of child's voice). The quantitative data (demographics) were analyzed using a statistical software package (SPSS 20.0).

Coding for Signs of Safety in practice

As mentioned in other sections of this report, many elements of Signs of Safety are consistent with other strengths-based, family-centered child welfare practice models. For this reason, even in cases where critical components of Signs of Safety appeared present, it was not always possible for researchers to discern whether the case worker being described was actually applying the Signs of Safety approach in their work with the family. However, during the course of their interviews, some parents used language or referenced specific activities that were clearly indicative of the Signs of Safety practice model. To assist with the analysis of these interviews, researchers coded all interviews for whether they exhibited clear Signs of Safety elements (Figure 1). In all, 10 of the 24 cases fit this description, while another three cases included several Signs of Safety practice elements, but researchers could not conclude with reasonable certainty that these elements were part of a Signs of Safety intervention. Four cases clearly did not contain any Signs of Safety practice elements, and the remaining seven cases included too little detail to make a determination.

1. Cases containing Signs of Safety practice elements (N=13)

Case	Signs of Safety activity/Core component present						
	Early engagement (position of inquiry)	Nonjudgmental relationship with case worker	Use of scales	Risk assessment framework/ mapping	Safety planning	Safety network	Child's voice
<i>Cases coded as "Yes" for containing Signs of Safety elements (N=10)</i>							
1						X	X
2				X			
3			X	X	X		X
4				X			
5						X	
6				X		X	
7			X			X	
8					X		X
9						X	
10					X	X	
<i>Cases coded as "Maybe" for containing Signs of Safety elements (N=3)</i>							
11	X	X		X			X
12					X	X	
13					X	X	

Limitations

The findings presented in the next section should be considered in light of several limitations of this study. First, although the 24 interviews provide rich, descriptive information about the parent experience, the sample size is relatively small and racially/ethnically homogenous (the majority of respondents were white) and therefore, the themes and key findings that emerged may not be representative of the Signs of Safety experience in general.

Secondly, the study is limited to counties in Minnesota, a state that has undergone significant changes in child welfare practices over the last decade (e.g., the implementation of the Family Assessment Response model as an alternative to traditional CPS investigations). These statewide policy and practice changes may be confounding the effects of Signs of Safety, and as a result, the results presented here may be specific to Minnesota.

Relatedly, selection bias is present as only certain counties were invited to participate in the study based upon their perceived experience with Signs of Safety and their interest in participating in such a study. As a result, findings may not generalize to communities that are less engaged or committed to this work and the evaluation of such work.

Furthermore, there is likely considerable variability across counties in the extent to which they have implemented and adopted the Signs of Safety framework. Counties began implementing the approach at different time points, have undergone various levels of training related to Signs of Safety, and may have different levels of individual worker and administrative buy-in and support for this practice, factors that may influence the degree to which the practice is being implemented consistently within and across counties.

Finally, although the interview protocol was designed to detect the presence of Signs of Safety elements in parents' experiences as much as possible, the nature of the Signs of Safety framework and qualitative interviews is such that it is sometimes difficult to determine whether the experience being described is necessarily reflective of a true Signs of Safety approach. In particular, it is unclear in some instances whether the practice being described by a parent is emblematic of the Signs of Safety framework or simply reflects good social work practice in general, and the skills or qualities of the individual worker. This therefore limits the extent to which results can be attributed to the Signs of Safety approach specifically.

Description of families

In all, 24 parents or caregivers completed interviews. Figure 2 summarizes the number of participants by county.

2. Interview participants by county

County	N	% of total
Carver	6	25%
Olmsted	8	33%
Scott	5	21%
St. Louis	4	17%
Yellow Medicine	1	4%
Total	24	100%

County social service agencies provided researchers with some basic information about each case, including entry and exit dates and maltreatment allegation type. During interviews, respondents were also asked a series of demographic questions in order to better describe the population of families included in this study. The following information provides a summary description of families who participated in interviews:

- Most respondents (75%) were women.
- Respondents' ages ranged from 20 years to 63 years. The mean age was 36 years (median = 36.5).
- Nineteen respondents (79%) were white or Caucasian. Three respondents (13%) were American Indian/Alaskan Native, one respondent was Asian, and one respondent was African-American. With regard to ethnicity, two respondents (8%) described themselves as Hispanic/Latino.
- The 24 parents reported having a total of 49 children. Respondents reported having between one and four children each, with a mean and median of two. Children's ages ranged from 1-17, with a mean age of 7.4 years and a median age of 7 years.
- Of the 49 children reported by parents and caregivers, 40 (82%) were in the respondent's legal custody. The remaining nine children were in the physical and legal custody of another adult.
- Cases ranged in duration from just over one month (41 days) to about 20 months (600 days). The average length of time for an open case was 286 days, or a little over nine months.⁷

⁷ One case, open from 2007-2011, was excluded from this calculation. This family was interviewed prior to the researchers' decision to exclude cases with an open date prior to 2009. However, data from this interview are included in the analysis.

Each case was assigned an allegation type at intake based on the reported maltreatment event. Most allegations (71%) were for neglect; 29 percent were for physical abuse. Within the general category of neglect, the most common type of allegation was domestic violence (21% of all cases). A complete list of allegation types is included in Figure 3.

3. Type of allegation^a

	N	% of total
Physical abuse	7	29%
Neglect	17	71%
Neglect – Domestic Violence	5	21%
Neglect – Disregard for Safety	4	17%
Neglect – Substance Use	2	8%
Neglect – Medical	1	4%
Neglect – Lack of supervision	1	4%
Neglect (not otherwise specified)	6	25%
Unknown	1	4%

^a Cases could have more than one allegation type so sum of percentages exceeds 100%.

In addition to the maltreatment allegation, interviews were also coded for case characteristics. Figure 4 illustrates the number of respondents who described the presence of specific issues in their family during the course of the interview. Parents and caregivers were not asked directly about each of these factors, so percentages may underrepresent the presence of these and other issues in respondents' families.

4. Case characteristics mentioned by respondents during interviews

	N	% of total
Substance use	9	38%
Family violence	7	29%
Child Protection history (as a child or adult)	6	25%
Child behavior	5	21%
Parent/caregiver mental health	3	13%
Housing issues (homeless, inadequate housing)	3	13%
Medical issues (parent or child)	2	8%
Cultural differences	2	8%

Key findings

During interviews, parents were asked to describe their experience with their Child Protection worker from the beginning of the case to the end. Respondents were asked to refrain from disclosing information about the circumstances that led to the Child Protection report and other personal details, but rather to focus on how their worker related to them and how they felt about their experience as a client in the child welfare system. A summary of these results is included below, organized into themes of early engagement, relationship with case worker, assessing risk and safety, setting goals, case outcomes, and overall experience. Within each theme is a brief discussion of how the Signs of Safety approach might be experienced by a family during each phase of the case, and the extent to which these elements were apparent in interviews with families. It should be noted, however, that even where child welfare experiences as described by parents and caregivers are consistent with the Signs of Safety model, researchers were often unable to discern the application of Signs of Safety from other strengths-based, family-centered models of child welfare practice.

Early engagement

The difficulty is that as soon as the professional decides they know the truth about a given situation, this begins to fracture working relationships with other professionals and family members, all of whom very likely hold different positions. More than this, the professional ceases to think critically and tends to exclude or reinterpret any additional information that doesn't conform to their original position (Western Australian Department for Child Protection: Perth [WADCP], 2011, p. 6).

One of the essential elements of the Signs of Safety approach to child welfare practice is that the social worker must maintain a position of inquiry throughout the life of the case. When a worker first encounters a family after receiving a maltreatment report, this translates into maintaining an open mind and refraining from making any prejudgments about the family or their circumstances. In a typical application of the Signs of Safety model, the process of getting to know the family and understanding their situation begins at their first meeting and is ongoing for the duration of the case.

When asked whether they felt their social worker had taken the time to get to know them and their situation, two-thirds of respondents (N=16) reported that their worker had done this. Parents frequently remarked that their worker made them feel like an individual, not just a number or a case. In some cases where multiple workers were involved, families often described differences between workers, where one worker seemed open-minded and took the time to get to know the family, while the other did not.

Her curious questions from meeting to meeting, she would remember our situation and the information I had shared with her. I wasn't just a number to her. I was unique to her in whatever happened.

She would always sit down to listen. She would never judge and was always comfortable to be around. She would always take the time to understand our case and know our story and where we were coming from.

She actually sat down with my mom, my kids, my brother, my sister, and learned about my extended family. Her main focus was the kids and that they were in a safe environment. She wanted to be comfortable with my whole family.

Although most parents felt their worker had taken the time to get to know them right away, five parents/caregivers (21%) said they felt their worker did not get to know them well initially. Still, even these families reported that, over time, they felt the worker had taken the time to get to know them and their unique circumstances. Three parents (13%) felt that their worker never got to know them at any point during the case.

After we were with her and kind of got to know her, it got better. [Before], it kind of felt like we were on one side and she was on the other.

I thought she had made up her mind already without even talking to me. The first meeting was horrible. I walked in and didn't comprehend what she wanted.

It was very unpleasant in the beginning... They took the kids and the next day I called her and asked her to come out and meet with me and she wanted us to come to her office and transportation was an issue for us. She was like, 'If you can't come and meet with me today, how am I supposed to know you can care for your children?' She was just snobby toward me.

Another critical element for workers using the Signs of Safety approach is to be completely open and honest with families throughout their involvement with Child Protection. At intake, it is important to fully disclose to families the reason they are being contacted by Child Protection. When parents were asked about this during interviews, 16 parents (67%) reported that their worker clearly described to them why Child Protection had become involved with their family. Five additional parents (21%) stated that they eventually learned, but it had not been made clear to them right away, or that they "somewhat" understood, but did not have a full understanding of why Child Protection was contacting them. One parent indicated they learned this information from a judge who became involved in their case. Another parent indicated that they never learned why Child Protection became involved with their family, and the final respondent did not provide a clear answer to this question.

I could tell she was really straightforward. She wasn't going to lie to me about anything. She explained situations really well. In a way, she wanted me to know everything, all my options. She wanted me to understand everything.

I just wasn't clear on the role they were going to be playing. And I can say if I had a better understanding of what their role was and what they were there to do, I probably would have felt a lot more comfortable.

In addition to having a clear understanding of why Child Protection became involved in their lives, families were also asked whether they had a clear picture of what had to change in order for the Child Protection worker to close their case. Again, a majority of parents (75%, N=18) felt they did have a clear understanding of what needed to change, although at least two families said it was not immediately apparent to them, and that the process took time. Four families (17%) felt they never gained a clear understanding of what needed to change, and two families (8%) felt they had some idea, but were not completely clear on what needed to change.

She laid out what had to change and we would talk about how I was doing and what I could do to change. And if I did not like some of what they wanted me to do, she would work with me to try to find ways to compromise so that it would work for me.

Relationship with case worker

Constructive working relationships between professionals and family members, and between professionals themselves, are at the heart and soul of effective practice in situations where children suffer abuse. A significant body of thinking and research suggests that best outcomes for vulnerable children arise when constructive relationships exist in both these arenas (WADCP, 2011).

Given the critical nature of the parent/worker relationship to effective Signs of Safety practice, parents were asked about their interactions with workers and the nature of their relationship. Overall, most parents described their case worker and their relationship with one another in positive terms. Even parents who characterized their relationship more negatively still noted some ways in which they felt their case worker did a good job. Parents frequently used terms such as “friendly,” “professional,” “respectful,” “good listener,” “fair,” and “non-judgmental” to describe their worker. Many parents expressed appreciation for the way in which the case worker took time to get to know the family, asked questions, and showed an interest in and concern about the family’s well-being. A few parents even felt their worker went “above and beyond” and described ways in which their worker provided exceptional support or assistance, such as being readily accessible or providing supervised visitation for the parent and his/her children.

An important element of Signs of Safety is workers' ability to be straightforward and upfront about the circumstances of the case. The majority of parents interviewed (83%, N=20) felt that their case worker had been honest and "straight up" with them about their case. Three parents were somewhat tentative about this claim (e.g., the parent felt the worker was mostly or somewhat "straight up"), while one parent did not feel this was true of their case worker.

She was very nice, very friendly. She would always ask for our input and our feelings. She was concerned. She was concerned with how we were doing as well as with our grandson.

There were times she put her neck on the line and went the extra mile and gave us the chance to prove that we were sincere about making things work. She was there for all of my court dates.

She was very polite and professional. She was easy to work with, very accommodating to find a time... very polite, very respectful, very open-minded and understanding. Very honest about everything. Very professional and thorough.

I thought she was non-judgmental. She took it as an individual case and not just a number. She took what my needs were. I was caught with methamphetamine. She realized I had my own problems and wasn't just a junkie off the street. She didn't judge me. She didn't look at me different. She cared; that is what I liked about her.

While all parents had at least a few positive comments about their workers, about half described their worker in more mixed terms, and just a few were particularly critical, citing a judgmental attitude or a failure on the part of the worker to obtain the full picture about the case.

I was so mad that she had talked to my ex more than she talked to me. She should have been more open with me. I felt guilty before she even knew me. I felt out of the loop.

I don't know if it was because her caseload was too heavy...She was a partner, but a limited partner. She'll help if she has time. She'll do her piece if it is convenient for her. They want to help you if it's on their schedule.

Although parents' description of their overall relationship with their case worker was variable, the most common depiction was of a good and usually friendly working relationship. Generally, parents noted that their worker made them feel "comfortable," and that the relationship was, if not overly friendly, at least civil. Fifteen parents responded directly to a question about whether their relationship with their worker was a good partnership, and of those 15, 11 parents (73%) felt it was or became one, three

(20%) expressed mixed feelings about the degree of partnership, and one parent (7%) did not feel like it was a good partnership.

We didn't always see things the same way but you knew where she stood with things with our grandson and he was the priority. I'm not going to say we loved her but we had respect for her and what her position did, and believed that she was doing the best that she could do.

I was civil. She did her job. I did mine....Some stranger comes into your house, tells you that you need to do 'dah-dee-dah', and you do it or you will lose your child. You are going to do it to keep your child with you....It was a relationship with a social worker. You talk to them because you have to. You relate to them because you have to.

It was not comfortable, but she made me feel as comfortable as possible in the situation. We had a good relationship.

I think we were friendly. I'm sure if I were to run into her, we would ask how things were going and different things. Would I make a dinner date with her? No. There weren't any bad feelings ever.

A few parents felt particularly close to their worker, equating their relationship to a friendship of sorts, and that their worker was someone in whom they could confide, joke around with, and trust.

I felt like she became a friend of ours, a resource I could contact. Even now, if something comes up, I can contact her and check in. It became almost like a friendship. [The worker treated me] gently, almost like a sister or friend or mother, caring so much about my family, that they wanted to help us in whatever way was possible.

We are almost like friends now. I still give them a call and give them a heads up on how my son is doing.

Not surprisingly, for several parents, this sense of comfort with and trust in their worker took time to develop. Some felt their case worker was less helpful or understanding initially, but noted that the worker's attitude shifted over time as he or she got to know the family. A couple of parents noted rather radical shifts in the relationship over time and came to truly appreciate the worker.

I learned to work with her as a team instead of against her. I learned that she was there to help us and make things better for all of us.

I didn't know if I should trust her, but from the get go, she followed through on everything for me, and I learned to trust her.

At first, I hated her. She called me on my bull[----] and saw past it and she was nice. If it wasn't for her, I would probably be in prison or something horrible.

Assessing risk and safety

Signs of Safety seeks always to bring together the seeming disjunction between a problem and solution focus within its practice framework by utilising a comprehensive approach to risk that is simultaneously forensic in exploring harm and danger while at the same time eliciting and inquiring into strengths and safety (WADCP, 2011, p. 14).

The risk assessment process is a critical component of all child welfare practice. In particular, the Signs of Safety model uses a specific risk assessment framework that focuses on identifying a family's strengths, harm and danger, and future safety. During interviews, parents were asked several questions about this process. Researchers did not anticipate parents would recognize this assessment process by name, particularly because different counties and workers within counties refer to this process using different terminology. Therefore, families were asked a series of more general questions about the process of thinking through what was working well and what had to change related to their children's safety. Parents were also asked if they created a diagram outlining this process with their worker, and whether they had completed a written safety plan.

Almost all parents interviewed (96%, N=23) recalled that they had participated in the process of safety planning. Twelve respondents (50%) described this process in a way that was clearly indicative of Signs of Safety. These families mentioned activities like writing on boards or completing worksheets that included the three primary elements of a typical Signs of Safety risk assessment map. Several respondents also mentioned that their worker had employed some of the Signs of Safety children's tools (Safety House, Three Houses), as well as other Signs of Safety techniques such as scaling (asking parents to "rate" safety or risk on a scale of 0 to 10).

I can remember that they would make out these lists – the way things were, how we wanted to change, and how we would get to that point. So it was always different input that we would give. There was a lot of writing on these boards... then the following meeting, we would go over them to see if they were achieved and if they worked out.

At each phase, we talked about what was going well, what wasn't and what to watch for. And we talked to the kids, and we asked them what these things would feel like, if this happened, would it be a 0 to 10. And using that number system with the kids, it helped my oldest, that was the first time she was able to articulate. [Worker] used a lot of different methods to help us talk about and revisit the issue, both with myself and the children.

She gave me a worksheet to fill out about how I feel about what happened, how I think I could change so it doesn't happen again so I don't end up in this situation again, which is important because if you don't, you will end up in this situation again.

When they described the safety planning process, most parents felt it had been collaborative, where parents and workers shared the responsibility of identifying what needed to change in order to improve child safety as well as the identification of goals for the family. This is consistent with the Signs of Safety approach, which is based on the fundamental belief that parents need to be in the middle of defining the solutions, and most critically, that they must own the solutions as workable for them and see the solutions as things that will make a meaningful difference in their lives with their children. Program developer Andrew Turnell asserts that imposing solutions on families will not lead to success if families fail to make the connection between the agency's goals and the child's safety (Turnell et al., 2008; Turnell, 2010a).

We determined the goals together... she would say, 'Maybe you should try this' or 'Here's another way to look at that.'

We worked on the goals/milestones together, but I think it was me who came up with what they needed to be, because it was based on what was happening in our life. I think that is really great, because if you think about it, if someone came in and said, 'Here's what you need to do,' that would have been really hard and that wouldn't have worked... if it were really prescriptive, it would have been really hard.

She laid out what had to change and we would talk about how I was doing and what I could do to change. And if I did not like some of what they wanted me to do, she would work with me to try to find ways to compromise so that it would work for me.

She let me tell what I thought was best, even when she didn't agree she would discuss it and correct things that wouldn't be good for me and my child.

It came down to what me and my husband wanted. It had to coincide and abide by what the Social Services concerns were.

With the initial creation of the goals, she would say she would put something on paper and I should say what I thought about it. She would ask my opinion about what I thought should be added or changed. I felt it was very mutual.

Although most respondents felt they were a true partner in developing goals, there were a few respondents who described this process as somewhat disingenuous. These parents described feeling like regardless of what they said or wanted, social services was in control and had the final decision-making authority about their case.

I felt I could say, but I didn't have the ultimate say. I could share my opinions.

They listened. How well, I don't know... I had the feeling that, 'We're going to do it this way, this is how we're going to do it, this is our way.' They have their standard and that's how they do it.

Whoever follows her rules wins.

Also central to the Signs of Safety model is a genuine emphasis on identifying family strengths and building on these strengths to promote child safety. This is not unique to Signs of Safety; however, it is a fundamental component of the Signs of Safety mapping process. When asked about this in interviews, 17 respondents (71%) reported that during the process of safety planning, their worker had helped them identify both strengths and challenges within their family.

She focused on the things that were going well and then gave ideas on improving the other areas.

I think we talked about the close relationship I had with my son and that is what we thought would pull everything through.

[Strengths] were part of the worksheet. What do you feel good about your family. She saw things that I didn't think of. That helped me appreciate more the decisions that I was making now about myself.

All parents who were asked (23 of 23) said that their worker had helped them identify a "safety network" of people, including family members, friends and other professionals, who could serve as a resource for the family in times of crisis. The development of the safety network is another critical component of the Signs of Safety risk assessment process, as it encourages families to look to their existing personal relationships to help keep their child safe.

Incorporating the child's voice

A considerable body of research indicates that many children and young people caught up in the Child Protection system feel like they are 'pawns in big people's games' and that they have little say or contribution in what happens to them.Over the past five years, one of the key growing edges of the Signs of Safety approach has been the development with practitioners of tools and processes designed to more actively involve children in Child Protection assessment, in understanding why professionals are intervening in their lives, and in safety planning (WADCP, 2011).

As described above, the parent's voice and input into goal setting and safety planning is an essential component of the Signs of Safety framework. Relatedly, this framework asserts that all individuals with a role in maintaining the child's safety should have a

voice – including the child. Parents were asked in this interview to report whether their child(ren) had a voice in the process. According to parents, the child’s point of view was included in just 9 of 23 cases (39%). In these cases, parents often described how the case worker would have separate meetings with the child and, on occasion, meetings with the entire family including the child(ren), to gather their input.

Yes, the kids were involved in all of the actual meetings. They would ask the group - all of the family together - what worked, what wasn’t, as well as meeting with each of the children separately.

She spent quite a bit of time with our boy and listened to him. It was good. Both as a family and one-on-one. They talked privately... and everything they talked about was brought into what we did, into our plan.

I remember her meeting privately with the kids and she would ask them to create a picture of the house and the family and who you could go to if you needed help. My kids were 10 and 6 at the time and that made sense to them, to help them process through it.

I liked how she brought the kids in, got on the floor with them and asked the kids questions. [She] called them and us by name. She used empathy words.

In the remaining 14 cases (61%), parents stated that their child was not included in the process, most often because the child was too young, according to parents. In some cases, the child in question was an infant and therefore could not be legitimately involved in safety planning and goal setting processes. However, in other instances, the child was reported to be at least preschool-aged (e.g., 3 through 5 years old) and likely could have been included in the process in age-appropriate ways. In some cases, parents described how their child’s voice was indirectly represented by the Child Protection worker or the guardian ad litem.

He was three at the time, he’s four now. So I guess you could say Child Protection was his voice. Some other people would say my family was his voice.

They are too little, so no, [the children’s point of view was not included in the process]. There was a guardian ad litem because they were too young.

The available data do not indicate that the child’s voice was any more likely to be included in cases that were clearly indicative of Signs of Safety, but further research should examine whether such a relationship exists, or whether workers trained in Signs of Safety might benefit from additional guidance about how to include children and their point of view in their work with families.

Case outcomes: Families' future outlook

Although data were not gathered about case outcomes such as changes in custody status or re-reports of maltreatment to Child Protection, 15 parents were asked to describe how they felt about their family's situation going forward and whether they now felt better about maintaining their child's safety. Ten parents (67%) reported that their work with their Child Protection worker had in fact given them hope that things would get better for them in terms of keeping their child safe.

Yes [we are more hopeful after the experience]. We always have the option that we would call if things started to get bad again, that there is always someone out there that would help. We aren't alone to fight with this ourselves.

Right now, things are going well, and I am very grateful for their help, and I don't know how we could have gotten where we are without their help.

I felt like they really helped us through a situation that could have been dramatically different than how it turned out... [The county workers] brought in tools and resources to help us learn. We went from feelings of apprehensiveness to feeling that it is really a gift. How fortunate we are to live in a country, in a place, with resources like that. I wish everybody had the help to get back to healthy relationships. I am thankful that we had our case workers to help us through that situation.

I [felt things would get better] because we had tools and resources for things to get better. Otherwise, things would have gotten worse and we would have gotten divorced. They brought in tools and resources to help us learn.

Among the remaining five parents who shared information about the future outlook for their family, two did not feel that their experience with their worker had improved this outlook when it came to keeping their child safe (the future outlook for three families was unclear). Although certainly not a prominent theme, a few parents reported feeling less hopeful about their situation after their case closed, or unsure about the future of their family's circumstances.

Everybody agreed to try and do better. Even though I'm not sure anyone is.

After[wards], I felt like I lost out. I felt like I didn't do what I had to. It wasn't a happy ending, I can tell you that.

The overall impact after all this was said and done – this system had a tremendous amount of destruction to our family. It did some good things but it also gave my kids power to use against me... I would have done anything to make my family stay together, but it did not work out this way. This process has destroyed our family.

Overall experience

It is no surprise that parents are typically not eager to welcome Child Protection workers into their lives and may be wary of their intentions. Despite these initial impressions, however, parents' perceptions of the experience and their worker may shift over time after becoming acquainted with their worker and gaining a better understanding of the role Child Protection might play in their life. To assess these perceptions in this study, researchers coded the interviews for "initial tone" when Child Protection first entered parents' lives (i.e., after their initial meeting(s) with one another) and for "overall impression" at the close of the case (i.e., parents' reflections on their experience in general). Coding decisions were based upon parents' descriptions of their worker, the relationship, and/or their overall feelings about the experience at each point in time. Using this information, "tone" was categorized as positive, mixed or neutral, or negative.

Interestingly, for two-thirds of parents (67%), their perceived experience either remained positive over the course of the relationship (29%), or improved over time (38%), with more than half of the cases (58%) being considered positive overall by case closure (Figure 5).

I was very emotional and I thought it was going to be horrible, but it was the best thing that could have happened. I am a totally different person now.

Overall, I dealt with [Child Protection] when I was younger and it gave me a bad outlook as a child. It made me feel like social services was out there to destroy families. Now I can't thank them enough. I'm very glad they got involved with my life.

The experience of four parents (17%) remained somewhat mixed from beginning to end, while it worsened for four parents (17%). The fact that such a high proportion of parents felt positive, or at least more positive, about their experience with their worker by case closure is encouraging, although it is unclear how this pattern of results would compare to Child Protection cases not guided by a Signs of Safety framework.

5. Shift in parents' perceived experience (N=24)

Shifts in interview "tone" from engagement to conclusion	N	%
Tone/experience "improved" ^a	9	38%
Tone/experience remained positive ^a	7	29%
Tone/experience remained mixed or neutral	4	17%
Tone/experience remained negative	0	0%
Tone/experience "worsened"	4	17%

^a Among those experiences that were deemed to have "improved" or "remained positive" over time, 14 cases (58%) were positive overall at the end.

Note. Interviews were coded for "tone" at engagement and at the conclusion of the case using the following scale: positive, mixed or neutral, and negative. Tone or experience was considered to have "improved" if there was a shift in tone from negative to mixed, mixed to positive, or negative to positive. Tone/experience was considered to have "worsened" if there was a shift in tone from positive to mixed, mixed to negative, or positive to negative.

A further examination of tone reveals that among the 14 cases that were identified to be positive overall by case closure, seven clearly included one or more elements of the Signs of Safety framework, such as the use of safety mapping techniques to document the way things are presently for the family, the way things could be, and how to get there; references to safety networks; references to scaling; and/or the use of Signs of Safety child engagement tools. Three additional interviews referenced practices that *may* be reflective of Signs of Safety (e.g., shared goals, safety planning) or may simply reflect good practice in general.

Three interviews were perceived to be negative overall in the end, and none of these cases included any clear indicators of the Signs of Safety approach. Although small Ns and the qualitative nature of these data make it difficult to draw conclusions about the impact of Signs of Safety on parents' experiences overall, the pattern of results suggests that cases that are more "infused" with a Signs of Safety approach may be perceived more positively among parents. Certainly, further research is needed to examine this relationship.

Discussion

The findings suggest that not only are parents who received child welfare services from the five participating Minnesota counties able to recount their child welfare experiences in ways that reflect the Signs of Safety framework, but many parents generally describe these experiences positively. In particular, the focus of this study was to examine the relationship between families involved in Child Protective Services and their case worker, and the results provide insight into what in fact constitutes a positive working relationship between the family and worker, key to successful outcomes for the family. This includes a relationship in which workers withhold judgment, demonstrate respect, genuinely listen, are honest and straightforward, and express concern for the family's well-being. Parents who felt they had a good working relationship with their worker described this relationship as a partnership in which they had a voice and guided the process.

Based on the predominantly positive affect exhibited by parents during these interviews, it appears that the Signs of Safety model holds promise as an effective method of engaging families in assessing and planning around child safety. More research is needed to fully understand the benefits of implementing a Signs of Safety framework relative to other child welfare practices.

Future directions

There are multiple implications of this research for both practice and future evaluation work.

Child welfare practice

Based upon their recent experiences with their Child Protection worker, some parents offered suggestions for improving the management of Child Protection cases. Although most parents interviewed felt that their case workers took time to get to know them, some (N=6) felt this could be improved and wanted their worker to spend *more* time getting to know the family, including all members and all sides of the story.

Other recommendations revolved around the closing of a case. A few parents (N=3) felt case workers either hurried to close their case or became disengaged at the end of the case. Consequently, parents wanted workers to maintain their level of attention to the family's needs throughout the duration of the case and consider keeping cases open longer.

A couple of parents (N=2) wanted workers to generally be more supportive and stand up for the parent, and to improve workers' coordination with other social workers on the case or with the court system to ensure consistency and reduce contradictory requests.

Other individual suggestions included: having workers provide legal advice; ensuring that the child welfare system responds to all calls, not just those filed by a mandated reporter; and making sure workers are culturally competent.

Although this feedback may be specific to the counties and workers involved in these particular cases, other agencies may also benefit from an increased or renewed emphasis on effectively addressing issues such as case closure, case coordination, and cultural competency.

In addition to parents' suggestions for improving practice, the results indicate that more work may be needed in the area of child involvement. Relatively few parents reported that their child was asked for his or her input in the process, a key element of the Signs of Safety approach. Some parents felt their child was too young to participate in or understand the process, a sentiment that may have been shared by the workers as well. Even in the cases of very young children, however, there are age-appropriate ways to incorporate the child's voice. Additional training for workers about the importance of involving children in the assessment process, as well as the tools and processes available to actively involve children – at all ages – may be beneficial.

Research and evaluation

As the Signs of Safety approach to child welfare practice continues to gain momentum, it will be important to conduct additional research about its implementation and outcomes. For example, other studies that use similar questions are needed so there is a baseline or benchmarks of parent perceptions in various practice dimensions or themes. Decter and Pecora (2011, p. 3) highlight the importance of carefully examining how new practice approaches are nurtured and monitored over time to minimize the chance that the practice will be implemented incorrectly or incompletely:

Implementation researchers have begun writing and creating different strategies that try to correct this failing – addressing everything from how we conduct trainings, to enhancing the importance of ongoing coaching, to conducting research on the importance of organizational culture and climate. Fidelity assessments can become a tool in supporting successful implementation. They provide a behaviorally-based description that includes what the new practices are, how they should be used, and how we expect them to be seen. Such a description and tools for measurement can make the work of training, coaching, quality assessment and overall implementation much more unified and much more effective.

One possible future evaluation study could assess the relationship between level of exposure to Signs of Safety (i.e., “dosage,” including a comparison group with no exposure) and parent satisfaction and positive family outcomes.

The field would also benefit from an analysis of outcome indicators in jurisdictions implementing Signs of Safety. The next phase of the current study will examine specific outcome indicators over time for counties implementing Signs of Safety in Minnesota. This includes an examination of maltreatment re-reports, placements, CHIPs petitions filed, and TPRs finalized. The study will examine trends over time for these indicators in the context of each county's level of implementation of Signs of Safety, including an examination of the nature and extent of leadership support for Signs of Safety, and the provision of various implementation supports within each county.

In addition, the Minnesota Department of Human Services, County child welfare leaders, Casey Family Programs, and Wilder Research are planning to complete a more in-depth "research chronicle" to describe the process and outcomes of the two Minnesota counties that have implemented Signs of Safety with the most depth and with the longest duration of continuous leader support and worker training and coaching. Clearly, mixed-methods studies of organizational culture, leadership, implementation processes, supervisor and worker training, ongoing coaching, parent perceptions, and youth perspectives are all needed. The field would not only benefit from longitudinal tracking of agency performance measurement data, randomized controlled trials, and quasi-experimental studies but interpretive or naturalist studies of practice and family perceptions in the tradition of anthropological scholarship and inquiry.

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Appendix

Parent interview protocol

Parent interview protocol

Project Code: 71310

Parent ID: _____

Signs of Safety Parent interview

Introduction:

Hi, I am calling for _____. My name is _____. Your former case worker in _____ County recently asked you if we could call as part of a study to learn from parents about their experiences with their Child Protection system. I work at Wilder Research. We are conducting these interviews to find out what worked well and what did not work well about your experience with the system.

We want to schedule a time to do the interview that is convenient for you. Most interviews last about 30 to 40 minutes, although the length will depend on what you choose to say. To thank you for participating in this interview, you'll receive a \$20 gift card to your choice of either Target or Wal-Mart.

The telephone interview is completely voluntary, so you decide whether you want to participate or not. We could even do the interview right now, if you'd like. Is now a good time, or would you like to schedule the interview for a later date?

If yes: Proceed

If no: Thank you so much for your time today. Have a great day. Goodbye.

If later date, schedule day and time on face sheet.

[INTERVIEWER: At the time R agrees to participate, please read the following]:

Before we begin, I am required to tell you a few important things about this interview:

- Your County has only provided us with enough information to know that you were involved in Child Protection and when that involvement began and ended. We do not know anything about the circumstances, and we do not need to know anything about the circumstances. We are only focused on the work of the Child Protection worker.
- If you choose to participate in the interview, you decide how much you want to share about your relationship with your worker.
- You may experience some minor stress by recalling your interactions with your Child Protection worker during the interview. If there are any questions you don't want to answer, though, we can skip them, including any questions that you are uncomfortable with. If you want to stop the interview at any time, we will stop.
- Whether you choose to participate or not will not affect your status or relationship with the County, the Child Protection system, or any other systems.
- Your responses will be kept confidential and will be summarized with the responses of other families. Your answers will not be seen by anyone except the research staff working on the study. All information you share will be stored in locked cabinets or on secure, password-protected computers and will be destroyed one year after the study is complete.
- If you would like more information about the study, you may contact the researcher or Casey Family Programs, who is sponsoring this study. Would you like this contact information?
 - You can either contact Monica Idzelis at Wilder Research at 651.280.2657 or the Casey Family Programs Human Subject Co-Chair at 206.378.3396.

Before I get into the interview, I just want to make it clear that I will be asking questions about your Child Protection worker, specifically how he or she interacted with you and any activities you may have done with this person during their visits. We are trying to gather information about what worked well and did not work well in your experiences with your Child Protection worker. You do not need to share ANY specifics about the circumstances that brought Child Protection into your life. We do not need any of that information in order to complete the interview.

Early engagement

First, I have some questions about when you first became involved in the Child Protection System in (CASE OPENED) and began working with your Child Protection worker. You may have worked with other people and received other services, but we want you to focus on your experiences with this worker. Do you recall the Child Protection worker that you visited with between (CASE OPENED) AND (CASE CLOSED)?

1. How would you describe your initial meetings with this Child Protection worker?
 - a) Do you think he/she took enough time to really get to know you/your situation?
 - b) Why do you feel this way?
 - c) Do you have any examples of how he/she took time to get to know you? Or how she did not?
2. How well do you feel your Child Protection worker came to know you, your family, and your circumstances?
Why do you feel this way?
 - a) (If well) → how did they get to know you?
 - b) (If not very well) → what could your Child Protection worker have said or done to get to know you better?
3. Thinking back to when you were first contacted by the Child Protection System in (CASE OPENED), did the worker help you and/or your child understand why the Child Protection System was there, or why they became involved with your family?
 - a) (If yes) → how did they do that? What did they say?
 - b) (If no) → what would you have liked to have been told? What would have been helpful?
4. Did you have a clear picture of what had to change, or had to be done, for Child Protection to be out of your life?
 - a) Was this clear right away, or did it take a while for you to understand what had to change?
 - b) How much did you and your Child Protection worker discuss how you would assess your progress in improving safety for your child?

Relationship with CP worker

Next, I have some questions about your relationship with your Child Protection worker.

5. During your involvement with the Child Protection System, how did your worker interact with you?
 - a) Did you feel that he/she was “straight up” with you? Did you feel you were getting all of the facts?
 - b) (If yes, straight up/got the facts) → what did your case worker do or say to make you feel this way?
 - c) If no, not straight up/no facts) → what would you have liked your case worker to have done or said?
6. How would you describe your relationship with your Child Protection worker?
 - a) How did your Child Protection worker treat you?
 - b) Did it feel like a good partnership? Did you feel like a partner in the process?
 - c) (If yes, good partnership) → can you give me an example of how it was a good partnership, or how he/she made you feel like a partner?
 - d) (If not a good partnership) → why didn't you feel like a partner? What could the worker have done or said to make you feel more like a partner?

Safety mapping and planning

The following questions ask about the process of setting goals and creating safety plans with your Child Protection worker.

7. We are interested in learning how your worker helped you think through what was working well in your family, what was not working well, and what some possible next steps might be.
 - a) Please describe this process. How did your Child Protection worker do this?
 - b) Did you talk about your family's strengths as well as your challenges? Can you say more about how you did that?
 - c) Did you create a "safety map or diagram" with your Child Protection worker? If yes → what kinds of things were included in your "safety map or diagram"?
8. How would you describe the process of setting goals for yourself and your family with the Child Protection worker? How did you determine the goals?
 - a) Did you feel like they were legitimate or worthwhile goals? Why did they feel worthwhile (or not worthwhile)?
 - b) Did you feel like the goals you set seemed like the right ones? Can you give me an example of a goal you set that you felt was "right" for you and your family? Or, a goal that did not seem "right" for you and your family?
9. Did your Child Protection worker help you think through what needed to happen or change to help keep your child(ren) safe? This process is sometimes called "safety planning."
 - a) How did he/she do this with you? Tell me about how you came up with a plan for you and your family.
 - b) Who was involved in this process?
10. Did you feel like you had a voice in the process of setting goals and safety planning?
 - a) Can you give an example of how you had a voice or a role? Or, how you did not?
 - b) Did everyone have a voice?
 - c) Was your child's voice/point of view included in the process? (If yes) → How so?
11. Did this goal setting and planning result in a written "safety plan" or document to help guide you in keeping your child(ren) safe?
 - a) Have you seen it?
 - b) Did it make sense?
 - c) Have you used it? (If yes) → is it working well for you and your family? Why or why not? How do you use it?
12. Did your Child Protection worker help you identify family members, friends, neighbors, or other community supports that might be able to help you/your family?
 - a) How did you feel about this process? How did you go about identifying other people and supports?
 - b) Were these the right people to be identified? (If yes) → Why were they the right people? How would they be helpful? (If no) → Why not? Who should have been identified?

Perceptions of hope and lasting impact

The next questions ask you how you felt about things after your involvement with the Child Protection system.

13. Once your involvement with your Child Protection worker was over, how did you feel about your family's situation going forward?
 - a) Did talking with your Child Protection worker give you hope that things would get better in terms of keeping your child safe? (If yes) → Why did you feel things would be better? (If no) → Why not?
 - b) Any other feelings that you had about your interactions with your Child Protection worker?

Demographic characteristics

Finally, I would like to ask you a couple of questions about yourself and your background.

14. What is your gender?

- Male 1
- Female 2
- Other (please describe: _____) 3
- Refused 7
- Don't know 8

15. If I may ask, what is your age? _____

16. How would you describe your race/ethnicity? (CIRCLE ALL THAT APPLY. IF ONLY ONE RESPONSE GIVEN, ASK: ANY OTHERS? READ LIST IF THEY CHOOSE SOMETHING OTHER THAN ONE OF THESE CATEGORIES)

- African-American or Black 1
- American Indian or Alaskan Native 2
- Asian 3
- Native Hawaiian or Pacific Islander 4
- Hispanic or Latino 5
- White or Caucasian 6
- Something else (Please describe: _____) 7
- Refused 8
- Don't know 9

17. How many children, under the age of 18, do you have? _____ (INTERVIEWER: ASK THE FOLLOWING QUESTIONS BASED ON THE NUMBER OF CHILD R REPORTS)

18a. How old is CHILD 1? _____

18b. Is CHILD 1 in your legal custody?

- Yes 1
- No 2
- Refused 7
- Don't know 8

19a. How old is CHILD 2? _____

19b. Is CHILD 2 in your legal custody?

- Yes 1
- No 2
- Refused 7
- Don't know 8

20a. How old is CHILD 3? _____

20b. Is CHILD 3 in your legal custody?

Yes 1

No..... 2

Refused..... 7

Don't know 8

21a. How old is CHILD 4? _____

21b. Is CHILD 4 in your legal custody?

Yes 1

No..... 2

Refused..... 7

Don't know 8

22a. How old is CHILD 5? _____

22b. Is CHILD 5 in your legal custody?

Yes 1

No..... 2

Refused..... 7

Don't know 8

23a. How old is CHILD 6? _____

23b. Is CHILD 6 in your legal custody?

Yes 1

No..... 2

Refused..... 7

Don't know 8

End of interview

Those are all of the questions I have for you today. Thank you for taking the time to complete our interview. As a thank you, we would like to send you a \$20 gift card to either Target or Walmart. To which store would you prefer your gift card?

Target..... 1

Walmart..... 2

Your gift certificate will be sent by certified mail within the next week or two. This means that the mail carrier will bring it to your door for someone to sign for it so we know that it isn't lost or stolen. INTERVIEWER: IF CERTIFIED MAIL IS A PROBLEM, GIVE R A CHOICE OF HAVING IT SENT ELSEWHERE OR HAVING IT SENT BY REGULAR MAIL AT HIS/HER OWN RISK. THIS MEANS THAT IF THEY DON'T RECEIVE IT, WE WILL NOT REPLACE IT.

Certified..... 1

Regular mail..... 2

What name and address should we send the gift card to?

Name: _____

Address: _____

IF R DID NOT WANT CONTACT INFORMATION AT THE START OF THE INTERVIEW:

If you would like more information about the study, you may contact the researcher or Casey Family Programs, who is sponsoring this study. I asked you before but am asking again, now that you've heard the questions. Would you like this contact information?

- You can either contact Monica Idzelis at Wilder Research at 651.280.2657 or the Casey Family Programs Human Subject Co-Chair at 206.378.3396.

Thank you again!