Signs of Safety and Restorative Practices and Systemic Practice

Signs of Safety	Restorative Practices	Systemic Practice
Overview		
Signs of Safety is a process model for children's services practice with children, families, and other professionals from case opening to closure. At its core, practice is participative with the children and families. It involves networks of people naturally connected to the child. *Comprehensive balanced child protection risk assessment* In child protection, it involves rigorous	Restorative Practices is a social science that studies how to build social capital and achieve social discipline through participatory learning and decision making. The use of restorative practices aims to: • reduce crime, violence and bullying • improve human behaviour • strengthen civil society • provide effective leadership • restore relationships • repair harm. The social discipline window (illustration below) is a concept with broad application in many settings. It describes four basic approaches to maintaining social norms and behavioural boundaries. The four are represented as different combinations of high or low control and high or low support. The restorative domain combines both high control and high support and is characterized by	Systemic practice approaches problems practically, seeking to identify stagnant patterns of behavior address those patterns directly, irrespective of analysis of cause. The systemic therapist's role is to help systems to change themselves by introducing creative "nudges": *"Systemic therapy neither attempts a 'treatment of causes' nor of symptoms, rather it gives living systems nudges that help them to develop new patterns together, taking on a new organizational structure that allows growth."* (Schlippe and Schweitzer 1998) Focuses on relationships and communicating and the positive functioning in human systems, looking to bring out, share, and respect everyone's views and stories, integrating a way forward with the family.

and balanced risk assessment throughout the case (harm and dangers as well strengths and existing safety). The method applies for working all cases (with adaptations to the language of danger and safety).

The focus of change is on everyday living arrangements of children and this being actively maintained and monitored with the network of the people naturally connected to the child.

Origins and underlying philosophy of the approach are solution focused (in analysis and action orientation). It draws also on the systemic tradition. Being participative and relational it is a restorative approach.

doing things **with** people, rather than **to** them or **for** them.
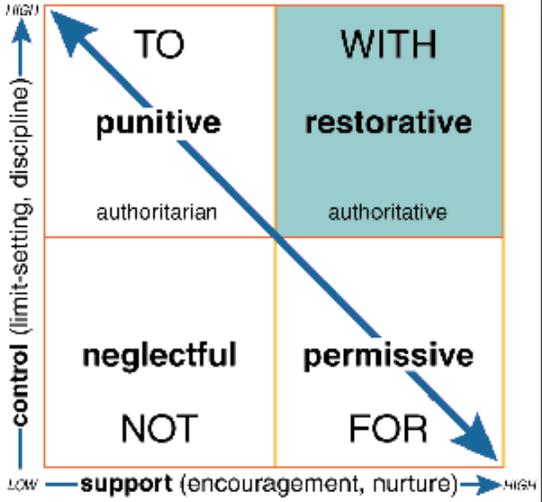
Systemic practice is carefully finding good 'fitting together', positive 'teaming up'. 'Teaming up' describes creative collaboration, looking after each other in the way a good football team does - developing and working for shared aims; playing to each other's position, role and known strengths, and not showing up weaknesses. This reduces and integrates, but does not eliminate, the need for more highly specialist services.

Systemic practice emphasises curiosity, neutrality, and safe uncertainty. It assesses risk from multiple perspectives, with family members each having their part of the story. (Child 1998)

Purpose, principles and key disciplines

 "We do our child care work with a rigorous focus on child safety and we have our practice, policy, procedures and organisation set up so that we can do everything humanly possible to put the parents, children and everyone naturally connected to the children at the centre of the assessment and decision-making

The fundamental unifying hypothesis of restorative practices is that "human beings are happier, more cooperative and productive, and more likely to make positive changes in their behaviour when those in positions of authority do things with them, rather than to them or for them." This hypothesis maintains that the

Systems Focus - the family system and their relationships, interactions and language.

Circularity - behaviour and beliefs that are perceived as difficulties develop within system

and give them every opportunity to come up with their ideas before we offer/impose ours."	punitive and authoritarian "to" mode and the permissive and paternalistic "for" mode are not as effective as the restorative, participatory, "engaging with" mode (Wachtel, 2005).	Connections and Patterns - connections between patterns of beliefs and behaviours can be considered from new and/or different perspectives by family.
Constructive working relationships - between professionals and family members, and between professionals themselves, are the heart and soul of effective practice.	A central idea in restorative practices is of fair process: "…individuals are most likely to trust and cooperate freely with systems—whether they themselves win or lose by those systems—when fair process is observed" (Kim & Mauborgne, 2003).	Narratives and Language - behaviours and beliefs inform narratives that people live by and change occurs either through lived behaviours and/or new narratives.
Thinking critically, fostering a stance of inquiry - 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 - be prepared to admit that you may be wrong.	The three principles of fair process are: • *Engagement* — involving individuals in decisions that affect them by listening to their views and genuinely taking their opinions into account • *Explanation* — explaining the reasoning behind a decision to everyone who has been involved or who is affected by it	Constructivism - People form their own meaning systems that affect how information is understood, there is only the possibility of perturbing these meaning systems. Social Constructionism - Meaning is created in the social interactions between people, so it is context dependent and constantly changing.
Landing grand aspirations in everyday practice - front line practitioners and families are the arbiters of what good practice looks like.	• *Expectation clarity* — making sure that everyone clearly understands a decision and what is expected of them in the future (Kim & Mauborgne, 1997)	Cultural Context - Issues of race, gender, disability and class affect narratives and relationships.
The use of plain language in assessment, analysis and planning.		Power – There needs to be a reflexive stance in relation to the power differentials that exist within the therapeutic relationship, and within the family relationships.
Focus is on concrete behaviours rather than diagnostic labels.		

		Co-constructed therapy - Reality is co-constructed between the intervention team and the family and they share responsibility for change and its process. Self-Reflexivity – Systemic thinking also applies to therapists who need to be alert to their own constructions, functioning and prejudices. Strengths and Solutions – There is a non-pathologising, positive view of the family system, recognising its wealth of strengths and solutions in the face of difficult situations, with the family themselves being in the best position to generate suitable solutions. (Pote et al, University of Leeds)
Practice Elements		
Initial assessment and first meetings with families should begin with a genogram developed with the family.	Restorative practices are characterised by, but not limited to formal processes, such as restorative conferences or family group conferences, but range from informal to formal. On a restorative practices continuum, the informal practices include affective statements	Systemic practice uses the genogram as a routine tool. **Problem-Solving** Optimistic problem-solving (where other methods may assume problems won't or can't change much) using solution-

Assessment and analysis

Four domains of inquiry

Three columns
- What are we worried about? (including analysis categories of past harm, future danger, complicating factors)
- What is working well? (including analysis categories of existing strengths and existing safety)
- What needs to happen? (including analysis categories of safety goals and next steps for future safety)

Scaling question
"On a scale of 0–10 where 10 means the child is safe enough and we can close the case and zero means things are so bad for the young person we must remove them into care immediately, where do you rate this situation today?"

Analysis categories

HARM: Past hurt, injury or abuse to the child (likely) caused by adults. Also includes risk-taking behaviour by

that communicate people's feelings, as well as affective questions that cause people to reflect on how their behavior has affected others.

Of the different applications of Restorative Practices, Restorative Justice perhaps the most developed typology:

Types and Degrees of Restorative Justice Practice

The most widespread use of RP, however, is the family Group Conference (FGC) which brings together family support networks—parents, children, aunts, uncles, grandparents, neighbors and close family friends—to make important decisions that might otherwise be made by professionals. This process of engaging

focused ideas and methods.

Formulation
Problem-solving must begin with at least some formulation of the problem. Formulations are short descriptions of the presented problem containing some specifically tailored story - a 'theory' for a unique predicament - that connects it together usefully and suggests a way forward. Formulations, of course, must be open to revision. Diagnostic labels usually (but not always) condense formulation too far.

Meeting Everyone Together
Seeing a family group together is a hallmark. The focus is on the people who belong and live together every day and for much of their lives.

Working with the Functioning Group
Thinking in terms of how a group, family or agency teams up positively or negatively or not at all, how the organisation and its members function to help or hinder the subgroups and individuals in it.

Process

children/teens that indicates harm and/or is harmful to them.
DANGER: The harm or hurt that is believed likely to happen to the child(ren) if nothing in the family's situation changes.
COMPLICATING FACTORS: Actions and events in and around the family and child and by professionals that make it more difficult to deal with the problems.

EXISTING STRENGTHS: People, plans and actions that contribute to a child's wellbeing.
Also plans about how a child will be made safe when danger is present.
EXISTING SAFETY: Actions taken by parents, caring adults and children to make sure the child is safe when the danger is present.

SAFETY GOALS: The behaviours and actions the child protection agency needs to see to be satisfied the child will be safe enough to close the case.
NEXT STEPS: The immediate next actions that will be taken to build future safety

Mapping method

and empowering families to make decisions and plans for their own family members' well-being leads to better outcomes, less conflict with professionals, more informal support and improved family functioning (Merkel-Holguin, Nixon, & Burford, 2003).

The key elements of the family group conference are:

- Involves a wide network of family, friends and neighbours, chosen by the family
- There is private family time in the conference.
- In-depth preparation to bring in participants occurs before the conference.
- The conference is a decision-making forum for the child (although statutory processes and responsibilities still apply in child protection)
- Convened by an independent co-ordinator

Other meeting formats which use restorative practices to repair harm range from smaller, less formal meetings,

Attending to, and engaging with, the processes that happen, following with curiosity the circle or spiral of how one person's actions and views are framed by, and how they frame in turn, other people's actions and views.
The worker also looks for ways, questions and contributions that can shape and bring out the direction and potential of the family and situation - the future of the process.
There is trust that the process itself will work things through, rather than to rush or push it. Within the process, workers learn to exercise active initiative and power to intervene.

Seeing the Wood for the Trees
Stepping back and reflecting on a new (or 'second order') level than that which a client first presents. The reflection informs or actually is the intervention. One way to 'see the wood for the trees' is family life cycles.

Family Life Cycles
Where an individual, family, or organisation is in its life cycle.
One example of a family life cycle question (among thousands) would be: Is

Mapping occurs for assessment and analysis from the case being referred to closure. Cases will be mapped internally in the agency but most importantly with families and, as they are built, their networks, in family network meetings.

Mapping is focused on "Thinking about the current situation of the children and the family: …", using a questioning approach, with questions in each of the three columns that are based on the analysis categories (as above).

Signs of Safety questions are not usually neutral questions, they explicitly ask about positives and negatives often using questions focused on 'bests' and 'worsts' and focus particularly on behaviour and actions. They incorporate self questions (asking the subject about themselves), other questions (asking the subject about the actions or perspective of another person) and relationship or circular questions
(asking the subject what they think another person might say or do).

The Signs of Safety assessment process is designed to:

particularly restorative circles, which bring together individuals in dispute (including, for example in schools), to larger more formal meetings, particularly community conferences which bring together victims, perpetrators and others from a whole community around wrongdoing or conflict within that community e.g. sectarian conflict.

Facilitators of restorative practice meetings and conferences, other than family group conferences, usually make use of the following set script of questions (with some small variations):
- What happened?
- What were you thinking at the time?
- What have your thoughts been since?
- Who has been affected and in what way?
- What's been the hardest thing for you?
- Has harm been caused?
- Does anything need to happen to repair the harm?

a parent ready for their last child to grow up and (maybe) away? The client's presented problem may itself be the solution to their life cycle task.

Reframing and Solution-Focused Talk
Solution-focus - being active in opening up strengths and options: "So you're feeling really hopeless just now; have there been times before when you've had to work through feeling this kind of…".

Wide Perspective
Thinking from the start in terms of the wider system and context - of our own and our clients' wider culture, rituals, and of the wider agencies involved and their remits and values, alongside wider issues (such as gender, sexuality, race, religion, class, ability etc).

Live Teamwork
Genuinely teamed-up team with live consultation and live supervision.
flexible openness
focused individually tailored planning ahead for each session

• Move professionals to analysis quickly, focusing firstly on any harm, then formulating Danger Statements at intake and Safety Goals at the commencement of the initial assessment • Balance the worries with a forensic inquiry into Existing Strengths and Safety relevant to the danger • Create a judgement process that involves professionals and family using case specific Safety Scales starting from assessment • Be a dynamic process that enables everyone involved to think themselves into and through the situation from the first phone call to closure. Harm Analysis Matrix The harm analysis matrix may be used to provide more detailed assessment and analysis of the actual harm to the child(ren): • Harmful behaviours • Frequency and chronicity of harm • Severity of harm • The impact of harm		**Integrating, Focused, Effective, Economical** Exploring the situation until the puzzling array of events fits an integrating story that takes the family and the helpers forward. Develop as focal an understanding as possible. The focal understanding takes the complexity around it into account in order to find a key change that will make a wide difference. Often it is about helping several interconnected people and their problems Assess where more major interventions ARE needed, and where longer term work or multiple agency involvement IS needed. **Client Empowering and User Friendly** The clients hold the power and choice about active change in their lives. It respects their connection to their own families and other support, values and advice. **New Potential for Individual Work** Knowing how to think of the family and their helpers as a functioning system or

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Engaging children in assessment and analysis

My three houses (of worries, good things, and dreams) is a child's version of the three columns to capture their experience.
Variations of My three houses are made to suit the interests oi the child(ren) and prominent aspects of their culture.

Mapping with children is designed to bring the child's voice into the assessment, and most critically as a catalyst for change, by presenting that mapping to the family.

Words and pictures

Words and pictures are used for parents to provide an explanation for the child(ren), even if they are currently very young, of what has occurred and what is being done. The words and pictures explanation is also open to the family's network.

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team gives work with individuals in that system a new potential.

(Child 1998)

Specific or related ways of working within this approach may include:
- Structural therapy - identifies and re-orders the organisation of the family system
- Strategic therapy - looks at patterns of interactions between family members
- Systemic/Milan therapy - focuses on belief systems
- Narrative therapy - restoring of dominant problem-saturated narrative, emphasis on context, separation of the problem from the person
- Transgenerational therapy - transgenerational transmission of unhelpful patterns of belief and behaviour
- Communication theory – technical process of information and communication
- Psychoeducation - teaches problem-solving and communication skills and provides education and resources in

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It is an integral part of the assessment & planning process as it breaks the syndrome of secrecy of child abuse and neglect. It also creates insight and diminishes the shame and guilt that parents feel and so expands their openness to change.

It is pivotal to safety planning as a safety plan cannot be created without full openness about the harm that has occurred and what the danger is.

Developing a words and pictures explanation builds relationship between all parties.

Trajectory and timeline

Once the children, parents and support network understand the professional concerns about harm and danger (even if they don't agree), and the shared goals and aligned safety scales are agreed and finalised, this establishes the key parameters of the assessment map for the particular case.

The final stage of assessment and analysis involves formulating a safety

an empathetic and supportive environment.
- Relationship counseling and education
- Reality therapy - focuses on the here-and-now actions of the client and the ability to create and choose a better future.

Key methods within this approach are:

Linear Questioning
Questions that gather and clarify information from the system. These can be built up in a circular manner around the family by asking different family members the same or similar linear questions.

Circular Questions
Questions that look at difference and therefore introduce new information into the system. They illuminate the interconnectedness of the family sub-systems and ideas. They include questions about:
- another's state / behaviour / beliefs; offering alternative perspectives,
- relationships, direct and indirect;

planning trajectory, including critical steps and timeline. Once agreed by all, the Signs of Safety map and trajectory provide the focus for the working relationships between family and professionals.

Safety (and support) network

A safety network comprises people who are naturally connected to the family – extended family, friends, neighbours, people form church, work or other organisations that are part of daily life, and professionals such as school teachers, general practitioners and nurse visitors who regularly interact with the family.

They have very specific roles in a safety plan. The roles of individuals are tailored to their capacity and availability.

They are the source of support as well as being part of the application and monitoring of the safety plan.

Networks are as critical for children in care, young people at risk as they are for families where there are safety concerns.

- definitions of how others act when behaviour occurs;
- possible futures including the miracle question; and
- ranking including scaling.

Statements
Statements are used to clarify and acknowledge a communication from the family, to comment on the position or emotional state of a member of the family, and to introduce therapist/team ideas, directly or in the form of a reflecting team. They are delivered in such a manner that they are open to question or comment from the family and not viewed as conclusive statements. Statements organise information before a question is formulated to the family.

Reflecting Teams
Reflecting teams introduce their ideas into the therapy in a reflexive manner. These reflections need to be are respectful of family, therapist and team members; hold a tentative and curious stance; stay connected to the ideas of the previous contributor; stay connected with the language used by the family; use age

Safety planning A successful safety plan changes the everyday living arrangements of the child so everybody knows the child is safe when things get difficult. The safety sets bottom lines, rules and contingencies for the action to be taken if triggers or actual danger becomes apparent. It specifies who is responsible for the various actions and how this will be monitored. Safety plans are tested as they are developed and carefully monitored. A safety plan will be set out in text and in words and pictures.		appropriate language; not overwhelm the family with too many ideas, and be brief, with the family always given the opportunity to offer their comments on the reflections and ideas and feedback gained from the family about how comfortable and useful they found the process and the ideas. (Pote et al, University of Leeds)

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November 2018