

**Session 6.13 – Signs of Safety in Minnesota: Early Benchmarks of Successful Implementation in  
Child Protection Agencies**

**Panelists:**

Terry Besaw  
Dan Koziolk  
Greg Owen  
Maggie Skrypek

*Please note: The following is a direct transcription and has not been edited.*

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Greg Owen: Good afternoon. Welcome. Well, he is fiddling with this. I think we will get started with what the background of this is. Peter has just joined us; Peter Pecora from Casey Family Programs. Casey is one of the funders that came behind Minnesota in developing opportunities to use Signs of Safety as a method for working the child protection. So, we're going to focus this afternoon on a couple of things. My name is Greg Owen and I'm a Researcher at the Wilder Research Center in St. Paul, Minnesota. And I was involved in child protection work earlier. Peter and I worked together when we were first testing the family assessment model and the very earliest pilot projects in the family options project and the family support project. And now we're back at it again looking at this model, oh that looks like it, looking at this model that relates to and advancing here with any button I want?

Male Speaker 1: Yes.

Greg Owen: Okay. So, this is our preface. We'll get on to that, but, this is our preface. The Signs of Safety model was one that I was not familiar with when we get the call from Casey to be one of the on the ground evaluators for this initiative. And so, I didn't know anything about Andrew Turnell and I didn't know anything about the particular methods of Signs of Safety. And so we began our investigation sort of grabbing background information as we could trying to understand and capsulize as best we could what exactly is Signs of Safety. And we found that we had actually...

Male Speaker 1: We got to report yeah. It's okay. Here you go.

Greg Owen: So, we started out, now I have to really lower my voice, we started out trying to understand what Signs of Safety was and so part of that was to talk with one of the initiators of this model Andrew Turnell in Australia. So, I didn't get a chance to talk to him. One of my investigators whose name is on our program, Maggie Skrypek was able to talk with him and so she got on the phone, she had a chat and in about an hour and 20 minutes later she got off the phone looking like she had just eaten magic mushrooms or drank the Kool-Aid. So, she was infected with an enthusiasm for this model which we still could not capsulize. We as researchers we wanted to be able to put the lines around this model what is this model, Signs of Safety and it really distressed us that we weren't able to do this. So, Dan is going to step up first to the podium and he is going to help you understand what it took me quite a while to understand that is, what is Signs of Safety? So, Dan, Dan Koziolk. Introduce yourself; just say who you are and what you do.

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Dan Koziolk: I'm Dan Koziolk. I'm Child and Family Manager for Carver County Community Social Services in Minnesota. And through luck more than anything else had an opportunity in the spring of 2005 to begin an ongoing consultative relationship with Andrew Turnell. Olmsted County have brought Andrew to Minnesota years before that and they realized that they didn't need all the training time they had committed to and offered some to us. So, we've had a regular ongoing consultation with Andrew since the spring of 2005. I'm not sure if I'll entirely shed more light on the topic that Greg was talking about or add more confusion. I'm not sure that I necessarily can figure out what it is, what we used to do start and stop and where does Signs of Safety pick up from there. It's defined as an innovative strength based safety organized approach to child protection and certainly is the most strength based approach that I've seen in my career. But even, you know, five years, six years into learning the approach, we're still really learning how to use the strengths and I'll cover that a little bit. During the 1990s, Andrew and a social worker, child protection social worker in Western Australia by the name of Steven Edwards had an opportunity to essentially work this project with 150 social workers. And what they were focusing on is how do we figure out, how to do what works and not do the things that don't work. So, Andrew will talk about, you know, if that works, it's in; if it doesn't work, it's in the garbage bin.

And after eight, nine years of that project they brought a book called Signs of Safety a Solution and Safety Oriented Approach to Child Protection Case Work. And the people in Olmsted County must have had Andrew to Minnesota probably about the day after that book came out. I'm not quite sure how they even found out about it. This is the basic framework that Andrew is defined. So, Signs of Safety is constructed around a comprehensive risk assessment framework that help focus, we've learned to get very clear about what's the harm that's happened to children, what danger do we see them being in, what's the risk about danger actually occurring. We've learned, we learned very quickly to identify strengths. We're still really learning how to use those strengths to build safety but we're getting more clear about it and better about it as we go on our learning journey.

And we've learned a lot about creating very simple on the ground plans to create, working with families to create very simple on the ground plans for their children's future safety. It's an approach that's practiced from a stance of humility and we don't know what the solution is for the family. It's probably -- that's probably one of the biggest things that I think reverses what we did, what I spent, you know, 30 some years doing as a child protection or child welfare professional in Minnesota is instead of going in as the expert with programs and services and solutions for families, we go in not knowing. We see the family as the expert. We learn to look to them for the solutions. I mean what we try to do is get very clear about what the problems are, what the dangers are that they need to build safety to, but, we look to the family for their solutions, for their children's safety.

It's the questioning approach. I mean we've learned to ask questions and go back and ask the next question when we get stuck, learn that what we want to do is just come up

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with the next question. But it's an approach that's informed by practice principles and research. The blue part in the middle is essentially what, it's the basic framework we call it the Signs of Safety map. It's about as simple as you could get being amazed a thing that you could, that anybody could mess up something this simple, but, I would point how we have so we go through the process. The first column is simply what is the harm that's happened, what are the dangers and worries that we have for the children and we try to define those is clearly straight, is clear straight forward and non-judgmental as we can, you know, basically just what do we believe is true in terms of harm, danger and worries. Strengths, what are the positive things that we see in the family, what do we like about the parents, what are they doing already to keep their children safe. And then goals and next steps that's where we begin to plan with the family where things go. And then the fourth part of the map is down essentially defined in this map in the bottom it's the, it's where we put our judgment instead of making judgment about the people who, you know, we were really good at, we've learned to really focus on making judgment about how safer the children and to involve the parents, the children where we can when they're old enough, relatives, neighbors, other professionals, we want to get everybody's judgments about how safer the children. What all those people see that make it as safer as it is and all those people's ideas for what needs to be in place to make it safer. But what we really want is the families' ideas, the parents' ideas for what they need to do to keep their kids safe.

There is two fundamental implementation strategies that we've learned from Andrew. One is he is the framework in all the work. It guides how we think our way through any problem in the agency. It guides how we lead case consultations in the office. It guides how we do the work with the family. The other is creating a culture for appreciating and learning about good practice. And if I could go back and start our journey in Carver over I would go back and start there, start by interviewing every social worker in our system around what is it that they do well already, get it down, written down, identify, I mean what is it, what are the gifts they bring to their team that's stronger than the other social workers on their team, I mean what is their specific expertise on their team, what are they best at in the group of people on their team. I get clear about that.

And then I'd also begin to look at what are their ideas for what would make them a better social worker, what are their ideas for what would give them better outcomes with kids and families, what are their goals and we have kind of begun the same goal setting process in our agency before we started teaching workers to do this process in going out and do it with families. This is an example of a map one of a fairly recent map that one of our child protection assessment workers did like two weeks ago. And I know that some of the words in it may be difficult for you to read.

It's not that I want us to study the map, but, I'd brought a lot of copies of this and left them up in my room when I came down to the session at 2 O' clock, but, I can certainly get a copy of this that you can hold in your hand and read for anybody that wants one. But it just shows the three columns actually the fourth part of the map is the next, so the three columns. And what we've really been focused in our agency over the last several months is if you look down at the bottom of the worry column, learning to write really

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clear worry statements and bottom lines. So, once we've really identified what are all, what's the harm, the danger or the worries we have for the children, we summarize for the family and for whoever they all involved in their network and safety planning like what are the worries that our agency has for these children would make it us clear. We tried to identify what is the impact we think that the things that we're afraid will happen will have on the children or have had on the children.

Once we're clear about what we're worried about as an agency for these children clear enough that we can put in front of the family and their relatives and friends and whoever else they invite to help keep their children safe. We then take that worry and write it into a safety goal. However, we know when these children are safe enough for our agency to close the case. And in some ways, you know, I just think of like sort of inverting the harm, danger, worry statement into the safety goal. So, we defined safety goals and then we put the goals into scales.

So, we can take that scale out to the parents, to the children, to everybody else involved with the family and the professionals and find out what is everybody put it,, you know, where is everybody's number and as we had, as having a conversation at lunch where initially when we started to learn to you scaling questions, you know, somebody would answer one of our scaling questions at a seven we immediately wanted to know what would bring it up to 7. 5 or an eight, you know, five, six years later, if somebody answers my scaling question or seven, what I want to know is what brings it all the way up to seven.

If somebody answers that at one, I want to know why it's a one in out of zero, what brings it up to that one because that's where the strength is. And so, when I get that scaling, when I get somebody's scale and I begin to get out, what is that that they're seeing that makes it as high as it is. I mean if it's higher than zero, there is a strength there somewhere and I want to know what they're seeing that makes it that strength. And then I want to go back to the map in the room. I want to go back to the map and I want to put that strength as clearly defined as I can in the what's working well column.

And then when we started talking about next steps, what I want to get the family and everybody involved in the case to do is to look at the list of what's working well at that point it's, you know, what did our assessment worker and here is a list I mean what's in that column now is what the assessment worker was able to see positive in this family so far in probably two or three contacts. Once we go through those scaling questions that list the strengths of probably three or four times longer than it is right now. And we ask the family to look at what's working and then to think about given what's working already, what do they want to do more of to move themselves closer to our agencies' safety goals, closer to safety, so we get them thinking about not just what do they want to do for their kids' safety, but, to be able to go back and look at what's working, what are the strengths that people have identified in them already, what's making the children as safe as they are and how do we begin to build on that.

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Once we have a clear map, and a clear map I mean it's defined as an assessment tool,, you know, family assessment tool and a case planning tool. So, we've got a clear when we're clear about the harm, danger, worries, we're clear about the strengths, we've got clear bottom line, our bottom lines, clear danger, harm, worry statements, clear goals and we got those goals scaled. And we know where people stand. I mean we know where people put themselves on all those scales. We've got a clear assessment of the family of where the family sees themselves, where other people involve with the family, see that family around the safety issues that we have for the children.

Then we work on developing beginning the family usually probably one of the other things that's significantly different than what we did before. In the past, we did our work confidentially we went out met with the family, we brought in professionals, all the work was done privately. When we got done, we closed the, you know, we the providers ended, we closed the case. The families, relatives, neighbors, I mean the neighbors may have noticed that car is pulled up and left, but, they didn't necessarily always know that child protection was involved.

Now, when we start with the family, we tell them that they need to bring some people into their lives that will help keep their kids safe. They have to column, I mean they have to choose who they want to bring in. They have to make contact because we're prohibited from calling those people and saying you need to be part of these kids' lives. They have to do it. And they have to use the map and some other simple tools that we've learned through this journey to tell the people that they're bringing in what it is that child protection is worried about.

And our hope is that they build, we want to build a lasting network with relatives, friends, neighbors, sometimes we build those networks with complete strangers. People have nobody in their lives. We've got a local church group that a number of times, you know, we give the family the number for that church organization, family calls them and that organization will round up three or four people from local churches and send them out to meet with the family and with us and again to help support that family around keeping their kids safe.

And we look to the family for their ideas, the people that they bring in to their network for their ideas about what is it that what are their ideas for keeping their children safe. One of the pieces to a safety plan is basic rules for how the family will be. It may seem strange. If you look up here this is there is several of these slides, these all come from I mean this was a plan that a dad actually did for his children. He drew it. He put the, I mean, he and his family defined the rules that I mean this was the dad's drawing. And prior to starting Signs of Safety, I would have thought I mean do you really need a rule not to be smoking pot and drugs in front of your kids.

But, you know, the thing is that a lot of the families that we've been that I mean that have not been following that sort of rule. So, make the rule explicit, define for everybody it needs to be followed, make sure that I mean that the family knows that that if mom and dad have the tendency to smoke icky stuff in front of their kids, they're going to know

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that our child protection worker is going to be coming out to their home, interviewing their kids, separate from the parents, asking their kids if they've seen mom or dad smoking icky stuff and those kinds of things help to put some boundaries around the parent's behavior. We're also asking the people they bring into their network to play that same role to be able to define for us how often are they willing to come over and check, I mean what will they look for, what will they do if they find,, you know, if they come over and find dad and mom are smoking their one in the house, what are they going to do about it, so they planned ahead of time, what they will do often and I think this plan probably gets into it. So, this is dad's first slide. Mom and dad will not smoke icky stuff. The next slide was when mom drinks dad will be sober and take care of you both or vice versa. So, in other words, dad is writing a rule that one parent will always be sober. The next slide is if mom or dad start to argue we will have to leave for a cool down. So, one of them will have to I mean if they start arguing one of them will need to walk away that's the rule that they're defining and the rule then that we're going to see if it works just because they defined it, doesn't mean it will work, you know, a rule is just a rule until we know it works. And so that's just their idea.

Dad writes the slide. Mom and dad agree that if they start arguing one of them will leave, so we start going back and asking them, you know, how many times in the last week did you argue, did you leave when you started arguing, what did,, you know, how did you, how long were you gone,, you know, how did, you know, when you're ready to come back, how well,, you know, we probably scale how well that work for them in terms of avoiding an argument. We dig out what made it work as well as they did. If it didn't work as well as they like, we look at what their ideas were to change the rule or tweak it or improve it a bit to make it work better.

And every rule, every part of the safety is just that part of an ongoing journey to, you know, think through what you think will work, give it a goal, see how it works, evaluate how it went, decide if it's good enough, decide if it needs to be improved and tweak it and tell what is. So, the next slide if mom and dad don't stop fighting the kids are to call aunty or grandma, grandma to come and pick them up and these, also these relatives lived very close to this home, both of them had agreed that they were willing to do that. So, if they got to call, they would come and pick them up.

Sometimes we've asked the kids like in the middle of the night wake up or set alarm, wake up and call aunty, see if she comes over to get you, because we want to know I mean it's one thing to say, yeah, I'll be there for you. It's another thing to get up in the middle of the night because somewhat, you know, because your niece calls and go running over to get her and take her back to your house. That's a pretty inconvenient thing to do. Not every relative will actually do that when they're calm. So, we want to know not just that they said they would that the parents are willing to put it in a rule and that the children are being told. We want to know that they're actually going to come and do it.

So, we'll set up tests or we'll track out times when I mean sometimes we'll just look for the opportunities when do the parents fight, did the children call, did the person come. I

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mean can we keep, and then keep track of the times when the plan that we made worked or keep track of I mean if it didn't work, then it's often not the end of the line. It's simply okay this idea seemed good at the time now we're smarter given what we know now how do we want to tweak it so it works better. So, if the house rules are broken, everybody knew that, you know, if mom or dad smokes icky stuff they're supposed to tell aunty or grandma. If mom or dad start yelling, they have to call grandma or aunty to pick them up and if there is no phone, if they couldn't call for some reason, then they were to leave and walk over to grandmas and aunts and again they were very close, so it's an easy way I mean it was doable for these children in this situation wouldn't always be in some circumstances but it was in the situation. Again this was this family's beginning ideas for how to keep their kids safe. It wasn't their final ideas but it was, you know, start that I mean and then impress me when the worker came back with here is this drawing dad did and well that rule is in his plan about what he is going to do to keep his kids safe because that's also fundamentally one of the things that, you know, I look back and I think. We used to get the child protection report, go out knock in the door and we took responsibility for making the decision are the kids safe and how I mean we became, we put ourselves in charge.

And now what we're learning to do and it's a journey and we struggle to learn it. What we're learning to do is to keep the parents in charge of their kids' safety. Not, I mean so for out in a home and our assessment is the kids aren't safe enough. What we want our social workers to be telling the parents is look I'm the child protection worker. My professional assessment is your children are too unsafe for me to leave the home. What do you want to do? you know, do you want me to find a foster home, do you want to call over some relatives, do you want to, you know, do you want to get busy right now making a plan that's safe enough for me to leave confident that your children won't be hurt before I come back.

And about I mean that simple change and it's not our job to make the decisions. It's the parent's job resulted in reducing the number of kids we place that child protection assessment we literally cut in half as soon as our workers learned to start putting the parents back in charge of making those decisions. One of the things that we really struggle with that first was how to get the family to call relatives, friends, neighbors and other people. So, this was it's a fairly simple tool was adapted from Andrew Turnell's second book on denied, Working with Denied Child Abuse. It was written with Susie Essex, a therapist from England.

And she had created a circle that she used in some of our resolutions work in England and this was adapted by Sonja Parker to use to get families I mean to help a family think through who are the people that they can involve in their safety network. So, just a simple process of sitting down with the parents usually with the blank piece of paper saying who knows everything about what we're worried about, complementing the haircut of them for if you've told aunty that child protection is worried about this, we, you know, where did you get the strength to tell her, how did it go when you told her, what was good about her knowing, give lots of compliments, but, just keep working

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through a process of sorting out with them, who have they told and how many of those people can they involve in an ongoing plan for their children safety.

I think of the three houses was developed in New Zealand and I think of it is the it's the same map essentially the three columns for children. Sometimes we'll use a map like this where we'll just draw the house and have children color in it and we'll be asking them, you know, what are they worried about when, you know, what makes them feel like they might not be safe, what are the good things about their family,, you know, if they have,, you know, if their family could be anyway they wanted to be what would it be like, sometimes we will get them to color and pictures or stuff, sometimes we'll just make a list of them and write in and text the sorts of answers we get as we go through it depending on what the children are interested in and how old they are and what they're capable of doing in terms of giving us information. Actually just wanted to go back and as simple as this map is, one of the things that we've not had up until recently is a vision for taking for what I call taking the map through the work. So, we would get together in our office and we would study a case by completing a map like this. It is an interactive process probably spend an hour together really sorting through, you know, what are we worried about for this family, what are the strengths, what are agencies' bottom lines and goals.

And then the worker would take it and they go on to work the case, hopefully take it out to the family, but, sooner or later, they'll be back mapping it again. And then it kind of donned on us what happened to the first map, what have we done with that, and how do we create a process where we're creating the map and then continually using it, because what would happen it was an amazing thing when the first time we first started going through like the harm, danger and worries, I was amazed that and I look ahead like all kinds of other risk assessments I've seen in my career thinking, you know, we don't have a list of things that we're checking for. We're just asking what are all the things people are worried about.

And I was amazed to how kind of accurate that process would be when we got done. It was pretty rare to come back later and find some big worry it wasn't put into the map, but, somehow when you go back three months later and map it again, we didn't get all the things we had to start with. We started putting other things in there that's like then, I mean I would refer to it as noise, it's what am I worried about today instead of what are the reasons that we open the case, what are the things that are keeping us from, you know, safely closing the case.

And the same thing was strength. I mean we would get strengths in the first map and then we would map it again three months later. We'd have a whole new list of strengths. But what we weren't doing is looking at I mean we weren't identifying the strengths we had and building on. And so,, you know, really gone back and focused I mean if try to think what's in this case, I mean if there is a strength that we can build on, I mean one of the things and there is dad's already completed a chemical dependency evaluation is agreed to start outpatient treatment, if we meet with dad a month from now and he has been sober for a month, you know, I want to, you know, we want to update that to what

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the current reality is and then if it becomes two months and three months, we want to keep tracking that and then looking at dad,, you know, what is it that he is learning from treatment, what about that helps him not use, how do we begin to get those sorts of things identified in a map so we can build on the specific things that are truly helpful.

So, just to go back to what is it, you know, I've seen, I've got two other books in my house about other solution focused approaches to child protection case work. Signs of Safety for me is just far simpler than those other books. I've learned a lot of very powerful solution focused techniques. What I really like about Signs of Safety is its simplicity. I mean family group decision making and wrap around case work use families' informal resources. But what we've learned to do with safety planning is to use it as a much more involved extended journey with the family than we ever did using those, you know, using those other models in our agency. We had many skilled workers who are able to partner with families on safety, long before we heard of Signs of Safety. So, as I sort through what is that that makes the difference, a lot again it's a focus on relationship. It's a focus on being in partnership with the family getting the family, keeping the family in charge of their children safety, getting them to think their way into and through the things that they need to have in place as parents to keep their kids safe and staying focused on what works and doing more of what works. So, I think.

Greg Owen: If I just introduce to you all briefly. Thanks and that's really one of the best descriptions that you'll hear of Signs of Safety. That was one of the best capsulized descriptions you can find anywhere. So, all of these slides will be available at the conference website. I don't know why they didn't have it loaded on our machine today, but, it will be available to conference website. We'll also post it in the Wilder website. I'm going to introduce Terry Besaw.

Terry, one of the junior researchers is working with me on this project. Maggie Skrypek who is actually the principal author of this report said to me when we first started working yeah Terry I know Terry. Yeah, I was really good friends with his daughter and he used to drive us around in the car when we were little kids. So, here is Terry from the Department of Human Services.

Terry Besaw: Now little Maggie who is a friend of my daughter and sat in the backseat of the car while dad drove them around the parties and wherever they were going and whose main job was to keep quiet and don't touch the radio dial. Maggie is evaluating my work. So, I just push down button I would imagine.

Male Speaker 1: Yeah, you go ahead.

Terry Besaw: Okay. So, I think that, you know, as you said earlier Greg I think that like Maggie I'm one of those people that drink the Kool-Aid and had the magic mushroom because I'm very, very excited about Signs of Safety and it's been one of the most, you know, best experiences of my career. And it's kind of like where was Signs of Safety when I was starting out. Here I am going to walking out the backdoor pretty soon. And

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Signs of Safety comes along and I have so much energy for it, so maybe I'll be hanging in here longer than ever expected they would.

I'm going to talk briefly about the Minnesota model simply because it provides the context for why Signs of Safety is such a really good fit for us, why it's so wonderful and then talk a little bit about our training model and spread design, just touch on that and then talk about a few observations that indicate that maybe we're going down the right path. So, it's just going to be a little bit brief and a little bit fast, but, we want to leave time for our main presenter and that you'd all have time up here.

So, the Minnesota practice model was just published on a website in 2009 and basically it's a statement of values and principles that we have learned from our journey with some other initiatives that we've tried. Family assessment, which is known as differential response in different parts of the country and it's kissing cousin, the parent support outreach program and then family group decision making. I think you're most familiar with top and bottom models there. Family assessment has been around Minnesota since about 2000 so we've had a lot of time with it at this point in time. And it's when cases are received into the agency, they tend to see one of two responses, one would be the traditional response and one would be a family assessment or differential response and differential response sets aside default finding with the maltreatment decision as, you know, and it makes it a little bit easier to develop a relationship with the family because one of the things we're finding that after an investigative response and maybe pleased going out and pleased to record, you know, tape recording and, you know, gathering information around so problem organized that if the family if the situation wasn't bad enough that we're going to, you know, have to go to court with the family and we said would you like to work with us voluntarily because we think you need some services, they would say no. We want to get us far away from you as we can.

So, differential response is pitched towards a strength based assessment and clear about what the harm, danger, the safety issues are that brought us in, so being true to our statutory kind of obligations but then approaching a little bit differently very much in the strength based fashion all in a way that was calculated to develop a relationship with a family and through the relationship we use that to leverage and build energy to focus on harm, danger, addressing, you know, the issues that brought them into our system in a very collaborative way together with the family. 73% of our cases in Minnesota receive differential response of family assessment and we think there is room for expansion for that. So, there are some lessons to be learnt from that. And I'll come back to that. The parent support outreach program is basically are differential response program, but, it's geared towards cases at reports that are received by the agency and that are going to be screened away.

So, we might offer families, you know, if you want to work with us in a voluntary basis, we have some things to offer are you interested. Both family assessment and the parent support outreach program have a fair amount of research behind them. We have six years actually with the research done by the IAR, the Institute of Applied Research in St. Louis and a number of years with the parent support outreach program and what we found is

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that compared with similar matching cases, they are differential response kids, safe, safer than the traditional response that it had a nice effect in terms of family returned to the system less frequently and family experienced the program as something that they didn't mind, something that, you know, was helpful to them. Parent support outreach program on the screened out cases we found that parents that's finished the program actually had a lower recidivism rate or, you know, came into our system later in time and that they too experienced it in a way that they rated positively. Then we had group decision making and know about that's where we collect family resources, identify relatives and kin and meet with them and can be applied at the front end in terms of garnering support for the family and or if we need to have the temporary out of home placement identifying care takers within the family system there that might do that job and it can be used on the backend too when permanency is needed to develop familiar options. And so from those things we took, we kind of retrofitted our practice model it's little different. Usually administrator will come in at the front end and they'll maybe meet with some higher ups and they'll develop a vision statement and then things kind of move forward for that from them that's kind of the focalizing guidance for the agency. We look back in 2009 and thought what about these three programs did we like, what do we think were the common things that made them work for us. And all the things that Dan talked about in terms of Signs of Safety where there the good social work values who was not paternalistic or came in families humbly, wanted to work with them, saw them as source of information, we went there to develop a case plan for them. Family was looked at again as a source of wisdom that we kind of overlook and had the essential part of what we were doing non-adversarial and very strength based.

We're doing the time right. Okay. Okay, so we had some assets in the beginning and I kind of refer to this is what I think was a perfect storm for Minnesota in terms of Signs of Safety. We just had a lot of things all fall in my lap as a coordinator and I think we're having, you know, a bit of a successful run in our spread and I think it's largely due to these preconditions, you know, we had the family engagement based experience and I'd like to note to that FA or different response was meant in Minnesota anyway to address moderate low risk cases mainly. Signs of Safety now takes those engagement principles and applies it to the high end substantial child and detriment cases so it's an experience of learning what work with those cases moderate and low risk and applying it to the higher end. So that's kind of an exciting part of it.

We had strong grassroots county staff interest. So, because model kind of came to us so the request kind of came to us and it's kind of an interesting story in 2009 there was maybe 12 people got together down in Carver County. They had heard from workers about Signs of Safety. They were interested in hearing more about the model and so they dialed up Dan Koziolk and he said sure come over, I'll share some get my staff together and we'll talk about that. Well that went real well and they thought they do it next week where 40 people showed up. That went real well. They thought they do it again. Next time 100 people showed up. They had the user auditorium.

The excitement about it just kind of built. About that time I was getting calls from the community saying from the counties and the tribes saying once it's taken they do

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something to support Signs of Safety. So I, my boss and I, Dave Thompson thought we better get in touch with Dan Koziolk and have a talk with him like these other people we're doing and out of that was born our initiative. We were lucky to have local experts on the ground doing the work. Carver County, you know, had been at this a number of years had developed a high level of expertise and word was getting out worker to worker,, you know, what was working for them and so we had them to build on. We had also Olmsted County down in our southwest sector is over men over 10 years of experience with Signs of Safety. So, we had two great champions of Signs of Safety to drive from.

So, Carver County agreed to partner with us and our training initiative. They also brought a long Connected Families. Connected Families is a private provider organization of family therapists that were trained along with Dan and the staff and have great expertise at Signs of Safety, so we had all these trainers all available to us. And they were line level people. It wasn't like trainers coming in or DHS staff coming and saying, you know, this is the flavor of the day and we were the one excited about it. We want you to do it. It was also voluntary because all of this was there. They were coming to us. So, the joining of worker to worker conversations, collaborations, practice sharing especially and the voluntary effort and last I think that what was the other thing voluntary effort and well, those things.

I wanted to put I gave Dan Koziolk an honorable mention on hearing, is one of our assets. I think Dan Koziolk is, you know, just being so giving the man each sleeps and breathes Signs of Safety and we were so lucky to have him and he is so giving others time. In 2009 we did a series of Closed Circuit TV broadcast. We had about six of them, lot of more enthusiasm which generated from that. We didn't have any funding at that point in time and Dan and his staff just volunteered to be partners with it just to get us going. He just did it in altruistic means wanted to share Signs of Safety.

And then we have this terrific relationship with the Casey Family Programs. They provided technical support and funding. Without them we wouldn't have had a Signs of Safety training initiative in Minnesota. So, we're so happy to have them as partners too and now we have a research collaboration with Wilder. So, all this was there. The table was set. So, for me I just happened to fall into it. Okay, about three minutes left and I think I can do it.

Okay, so the training design in 2010 our first formal effort to add it. Basically it can be described as, you know, we had a said amount of money how we're going to reach all this interest. And we know that the best method of delivering service is to go out directly and to train it up that way, but, we didn't have the resources nor the funds to do that. So, what we decided to use was we have a Closed Circuit TV set up at the Department of Human Services. It's a virtual presence communication, VPC kind of arrangement and it's interactive where we have studios at our main building and can broadcast out to a whole bunch of points across the state.

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And so we use this Closed Circuit TV as a method of training getting the basics of Signs of Safety art and then leaned on also practice sharing and once the concepts were out there and the practice sharing began, things really kicked in and all that enthusiasm that was out there translated into all kinds of focused efforts towards Signs of Safety, so even though it wasn't ideal, it went pretty well for us and that was our first year. This year 2011 we've kind of moved away from anchoring it with our Closed Circuit TV broadcast and we're trying to well we've designed it in a way that we're regionalizing our approach. So, we trained up some high implementers of Signs of Safety in 2010. We identified eight or nine of them as regional practice leaders. So, they are in all areas of the state. One of those practice leaders is a collaboration between three tribes. We're really happy about that. And so we have regional meetings, a county that's a regional practice leader has a fair high, fairly high level of skill development in Signs of Safety. Their job is to organize the meetings to schedule and provide a place. And then for the new counties that are coming in around them to provide a venue where they can learn the new skills of Signs of Safety where they can involve in practice sharing and then in between the sessions they, these counties can call in and get support from the practice leader county too. Other elements that we brought in is that we have to the regional meetings is that we have our clinical trainers now from Carver County and from Connected Families using a new software we have. It's called Videal and it's a telepresence communication device and so basically through that we can beam them into these regional meetings so they can participate and they kind of sit there in a big screen TV and they're like talking heads at the meeting. So, there they're for, you know, research guidance and to map cases and to, you know, help out in any way to support the practice leaders that they can. We're also using the Videal thing now. This is really creative and something that we're excited about. We have 120 hours of direct consultation using the video format where we can talk directly to maybe a unit at a county or even a supervisor or a couple of workers or even a couple of regional workers that want to get together and on request we'll get together with them.

About a minute? Oh, and then the last thing is that for the new counties that are coming on that are just getting excited about Signs of Safety and getting their feet wet and that are coming to these regional practice sessions, you know, we're concerned about the, you know, the focus and the sophistication and the language. It might be kind of missing and so we have the capacity to bring into all the regions a two-day workshop to train them in the basics of Signs of Safety and that's gone really well. So, that's our training design for 2011 and kind of where we're at. So, we have we started in 2010, we had about 18 counties and one tribe that we're interested. And they received the Closed Circuit TV learning format. Now that's grown to 35 counties right now I'll and there is different levels of implementations. Some of these counties are coming and there might be two or three workers that are just excited about it and they're bringing back to their agency and kind of spreading word that way.

So, on practice changes that we're seeing and this is my wrap up what we're seeing is that well for a long time now Carver County and Olmsted County have seen some nice trends going reduction placements, going to court less, higher rates or quicker times to reunification, you know, recidivism rate going in the right direction those kind of things.

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And then also some of our high implementing counties are starting to see those trends right now so that's kind of good information. But, what I've taken away at our last couple of meetings is just the dialogue. It's very focused. People are talking from a common language so that when we have, we do have some video connections going on and so when we have those video connections going on and I sit in on them and hearing things about spending a lot of time on harm and dangerous statements really laboring over that to get it right translating it to goals and hearing a lot about the scaling safety from multiple perspectives from the family's perspective, from the grandmother's perspective, from the guardian's perspective, you know, things like that.

Bottom lines are being talked about. Three houses instruments are talked about and a quick reference to a nice story that goes along with three houses recently a worker from Duluth reported in and talked about that she had done at three houses with a mom and this mom with long history of chemical dependency. She was a young mom. I think domestic violence and, you know, damaging, you know, people in her life were part of it. And they used the three houses which is the child, bringing the child's voice to the table, instrument that Dan mentioned on one of his slides and went over the house of worry or the house of good things, what do you like, you know, what's fun at home, what is your mom do that you like, what do you like about your mom and just really tease out the details and pull them out, maybe slip over to the worries column at the child that's willing to go there and what about your house of dreams, what it would look like when you're if everything was the way you wanted in your home and if you've had one wish, a magic question kind of thing, what would that be. And the worker talked about that she presented it to the mom and it totally broke this mom up. And she actually had slept with it under her pillow for a number of weeks ever since that she had been presented with it and I thought I can't remember the last case plan that any parent sleeping under a pillow. Where have Signs of Safety been on my career? Okay great.

Greg Owen: All right. Thanks Terry. So, you're getting the picture here. This is sort of spread virally. It was, it's one of these things that spreads by attraction. It's not being hammered over anyone's head in Minnesota. You see all of the elements of it that Dan is on pact and Terry has described. And so Peter Pecora who is in the back of the room came to us from Casey Family Foundation and asked if we would help assess the early benchmarks of implementation. So, the focus of our effort was really to try and understand if these counties were taking this stuff that they are receiving and they had also the magic mushrooms and bit by bit they were coming over to this way of life and way of thinking, would there be ways that we could look at things and identify benchmarks that yes this is going right.

Is there a way to sort of make some judgments about whether or not Signs of Safety was being implemented and of course I am still questioning in my head, you know, is the -- can I put a box around the model, is the model can does it fit in and you'll see because it's such an interactive method and because each element of it provides a learning opportunity and that learning opportunity can go someplace else, it makes it very difficult to put the box around. So, we went forward however and still tried to find some early

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benchmarks. So, we are going to assess the level of implementation again as best we could understand exactly what was being implemented and then establish benchmarks.

So, we did some fairly simple qualitative research things that you might expect. We did some semi-structured interviews with key stakeholders. Dan was one of the first people that we interviewed. We also interviewed people at Olmsted County, interviewed Andrew Turnell and a variety of others so that we would kind of get steeped in the model itself. Then we began interviewing child protection managers and supervisors. We interviewed 14 of those that were involved in this. And then we had some discussion groups with social workers. We held three of these discussion groups. And then we also did a fairly extensive document review and such as the materials that Dan showed you today we began to see what these things actually look like. So, the following eight benchmarks indicate early levels of success in the implementation. The longer term benchmarks such as increasing family satisfaction work or retention reductions, some of the things that Terry was just talking about, you know, our trends going in the right direction in terms of recidivism back to child protection, are you reducing placements, are you doing family reunification, some of those things can be assessed after this has been in place longer and where it has been assessed both in Carver and in Olmsted in Minnesota, as Terry said we are seeing things move in the right direction, but, that was not what this was about. This was just talk about the benchmarks of implementation.

So the things that we're going to tell, talk to describe here are not in sequence. We don't really have a way of sequencing them. So, first is evolution of child protection philosophy from professional as experts to professional as partner. And I think Dan gave you a very good sense of this in his description. I'm not going to belabor it. We did find that there was a challenge here when workers equate services with safety and that is that there is a mentality sometimes in child protection that the more services that you've get to a family the more things that you surround that's what makes for safety. And I think as Dan described that isn't really the way in which Signs of Safety thinks about safety. It's thinking about the family taking responsibility for in order to keep this child you are going to have to keep the child safe. So, we have to do in great detail all of the things that you are going to do to keep this child safe which includes telling the truth to people that are in their family and I think Dan described that well enough. I won't go over it.

But, that is still when you're trying to break down sort of an existing culture of child protection which is investigatory and focused on whether or not the event has occurred, the harmful event, and then trying to decide what you have to, the county has to do to attend to this. You have to break down some of that thinking in order to get to Signs of Safety. So, this is a quote from one of the programs of supervisor, "we're working harder to keep kids in their home using their safety networks. We're also thinking outside the box more as far as how kids can be safer in their homes. In the past it's been more fear based and reactionary. "

The second benchmark is worker confidence. When we began to see that workers had a sense of efficacy in this method that was an early sign for us that people were taking that seriously and feeling like they could use these strategies in working with families and

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they could trust the strategies, but, the challenge in this case was workers,, you know, it's sort of like do you ever do anything in public that you haven't practiced a lot, you know, or does someone ever call on you to get up and do something and you're not quite ready and you don't usually do this in front of other people and it's sort of like that mentality of trying something out before you've really got it under your belt and that was the one thing that seemed to hold some of the case workers' back from their use of Signs of Safety it's feeling like they just didn't have enough knowledge of the method yet to feel that they could go out and use it effectively.

But, for the most part that was not pervasive among the workers that we spoke with. Third benchmark is worker bind. And I'm going to go through these next two very quickly supervisor bind and administrative bind. Essentially those are three critical benchmarks and you have to have that in place if you're going to have the Signs of Safety model working effectively. One of the challenges here especially with administrative bind was that reduction in out of home placements are associated with increased risk for children. And so there is some concern at the administrative level of whether or not this could be an effective method if you're in fact not having as many out of home placements.

One of the things I'll let Dan talk about that toward the end and maybe in questions. I really want to get the questions so I'm going to zip through this. So, our director is very much in favor of using this approach. The director is so impressed that we're going to use the similar approach to try and get do a management goal setting and I was telling Dan the other day I've started using the scaling strategy with some of the staff that I work with my colleagues and research you know, so this report kind of came out like us an eight. What would it take to get this report to a nine and begin to ask those questions about what underpins the quality rate and that you give something or as Dan said he is now kind of inverted the question how did that get to be an eight, what makes it an eight.

I think that's an interesting inversion, but, Dan will be the first to tell you that this is a process in which everybody continues as a learner. And this parallels the foundation evaluation work that we do. That if an organization really wants to become a learning organization, they have enquiry at the base of everything that they do. And one of the gifts of this model at least as far as I can see is that it has an exceptional level of enquiry built into the model at all levels. All right, six was practice sharing. Workers willing and feel a sense of responsibility to share their knowledge I think Dan described that in great detail.

But there were workers that were not comfortable identifying or discussing their successes. We did learn that one thing about the virtual presence conferencing, the interactive television model was that television kind of puts people off. And so, the ones that were less confident they would be a little less likely to go and sort of unload or unpack a case or do a mapping of a case for others because they didn't want to be embarrassed and which makes sense and when you get television cameras on you, you kind of think that way.

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Seven was parallel process and supervision and again I think Dan described this adequately and it's not just that the case worker goes out and works with the family, but, when that comes back then that there would be a review of that and the supervisor and even the supervisor's supervisor could all get involved in this asking questions. Again what sort of the viral element here. It's this increasing the likelihood that there is a feeling and a value and enquiry throughout the child protection unit that it's okay to ask questions and that it's okay to not be sure about what to do and that it's okay to help other people help you to unpack and think about what you're doing.

So, for the unit I think it has provided us with a tool where we all started from the same beginning swap. We were all going to have to risk to do this work. I was going to have to risk being vulnerable to show my inadequacies with workers and workers were going to have to be vulnerable with families. We've had to be okay with not doing good work right away and being patient with each other, helping each other along with this approach. Final benchmark was involving and educating other partners. And you can see here Child Protection Agency has made a commitment to sharing all information among stakeholders. Partners come to rely on the information produced by the Signs of Safety practice framework.

But again there were challenges here Child Protection Agency does not feel comfortable enough with Signs of Safety to defend the approach when met with resistance and so, again you need people like Dan who has this, you know, the complete spirit of Signs of Safety this Australian running through his blood and so, when he is representing this to the administration he can defend it effectively against the on slot of a Guardian Ad Litem who says hey that kid is not safe enough yet. I am not sure that safety plan is going to work and are you sure about having this kid stay in this home?

You've really have to build that safety plan from the perspective of understanding all of the little aspects of what is going to be required in that safety plan for that child to be safe. And as Dan described having the child even involved in identifying the actions that they're going to take a safe plan for the child that the child is ready to enact if the child is old enough. I won't read anymore quotes and I won't. I am going to stop. I am not going to let Dan react. We're just going to pause here, because I think now it's your turn to talk. We've talked that for an hour. So be happy to entertain questions, ask them of any person in the panel or share your observations that you have if you're really interested and kind of your initial reactions that this is your first exposure to Signs of Safety or an early exposure.

Male Speaker 1: I know it's late four or five.

Female Speaker 1: This isn't my first exposure to it, but, I guess in my mind I must admit of doing that stuff, so I was thinking it was a switch from basically that all decision making will be made at the family level. So, I guess what I like about it is that you have because we're already talking about we need to build a third grade reading level and when I look at some of the things that I am reading all the time it's like I would much rather have three houses. I think that really have circles, you know, when I look at words

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anymore there were again together, but, like that but I am wondering are you using this for both your court and your and home and your voluntary and have you had any litigious-type issues with the judiciary and your people that you're trying with this...

Greg Owen: Yeah. Great question. Definitely a question for Dan.

Female Speaker 1: I will you know.

Dan Koziolk: Okay but.

Female Speaker 1: Where they're trying to run you out of town I mean well I'm try to find out.

Dan Koziolk: The tightest safety plan we've ever done was done on a case where the Guardian Ad Litem was just absolutely convinced that the kids cannot be safe with his mother and so,, you know, the mother, I mean fairly early on I mean we were, I mean that's a very serious situation and we put that very directly in front of the parents and told them that, you know, they're going to have to work their tails off if they didn't want to lose custody in their children. And they brought 25 people, 25 relatives, friends and neighbors to like their pastor and I'll do a meeting to help them keep their kids.

So that right away showed us a level of commitment and we just I mean the guardian I mean the family would come up with their ideas and the Guardian Ad Litem would say it's not enough it's still not safe enough and we would ask what more do you need to see in Guardian Ad Litem and say I don't know. So, we turn to the family, the network and say what other ideas do you have they come up with the bunch. We go back to the Guardian Ad Litem, you know, how about now still wasn't enough, you know, what do you need to see still don't know.

Female Speaker 1: Well, still they don't know what they need to see, it's very tough.

Dan Koziolk: Well, I mean this case got to the point where the Guardian Ad Litem filed the petition for permanency. We opposed it. Our attorney though because we are represented by county attorney, our attorney sighted with the Guardian Ad Litem and when I mean and literally we're going into court with an attorney who is public, you know, standing up and saying your honor,, you know, my job is to represent the agency's view, but, I agree with the Guardian Ad Litem.

Female Speaker 1: I think that that's...

Dan Koziolk: The learner in the home mom is back in the home, so and there have been no I mean there have been no reports or repeat maltreatment for three years. I mean no worries that the children aren't safe. In a lot of ways it wasn't, it wasn't the, it's not the scariest case that we're safety planning around. I mean we've got a case where mom has command hallucinations about hurting her kids. Start wrapping your head around your safety plan around that I mean essentially we've got safety plans that mom is never alone

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with her kids, but, she spends a lot of time with him just that someone else always has to be there, because we don't know what's going through her head and we don't know what she'll do with what's going through her head. But, that's also the part that we're still working on is how do we gain more confidence that when those thoughts come, they come through mom's head and they come out to somebody and they get processed and dealt with in a way that that we can be sure that mom doesn't act on him in the future. We're not there yet. We're still working on that sort of thing, but, one of the most intriguing things really has been finding that that the person that's most concerned for the children safety is really our greatest ally in building a strong safety plan for the children, because they are ones that really will push us to take the next step, try the next idea, think it through harder, make it tighter and so, we've come early to appreciate those people. I mean, you know, they stand up and say what you're doing isn't good enough, it's not fun. It takes a while to learn to hear about and say thanks for saying it, you know, you're our best resource for these kids and let's go at it.

Terry Besaw: And get your point about, you know, about court and the fit with that, you know, we kind of see Signs of Safety here at least, you know, this is, would be our response to it, is that Sign of Safety doesn't exist alone. It's not like, you know, bad practice which is happening before, you know, we came on the scene with Signs of Safety that we see it at integrating into existing services in the community. So, it's kind of happening at two levels. You may be in court, you know, the judge may order chemical dependency treatment into our, you know, whatever traditional forms of treatment are existing out there in the community. So, that might be going forward at the same time that, you know, when we know about relapse rates,, you know, for domestic violence for chemical dependency, we know that people involved with mental health don't always take their medications and so there is fallbacks and so Signs of Safety is a companion to this in that it seeks to wrap the child in a web of safety through the safety team, so you got that going for you too.

Another thing is we don't leave our statutory responsibilities at the door. I mean it's definitely we look for the we have a belief that families can keep their children safe and, you know, it has to measure up. I mean we are the measuring stick for that whatever the safety plan they come up with it has to measure up where it's going to, you know, has most things so to speak. Sometimes the way that we spread the idea what, you know, they might be saying or what do we need or what do you want from us, we might give them a safety plan that was, you know, somewhat involved from a, you know, case that might have been parallel to that and so they kind of have a starting point.

And then the kind of the job is on them to bring it up to a level safety that we can all buy in. Families that don't want to meet with us in the beginning, where, you know, child protection has a lot of leverage. Andrew Turnell says it's carried around the world. Well, it's how you skillfully use that authority is what we hope to, you know, you're going to have to meet with us, but, you were doing so much strength based stuff that, you know, always the context of pushback and guests in the door once were there and they have and hopefully families are having the different experience with us. We're just not off there to dig dirt to place kids, you know, like.

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Greg Owen: And to turn your question around Andrew one of the things that we saw in the evaluation was the fact that there were sometimes judges that were calling for where is the safety plan. Where is the safety plan for this kid and so you I think it's partly you also the virus has to infect eventually everywhere.

Dan Koziolk: In fact.

Female Speaker 1: We will be training with that.

Dan Koziolk: When we first, the second time Andrew came to Carver County he spent the day with our judges. At the end of the day our judge was jumping up and down excited. I was shaking like a leaf thinking I've solved something nor do I deliver it, but, the first, the very first kind of safety plan like the one I showed that we ever had in Carver County was issued off-the-cuff by our judge from the bench. The workers came back all excited all the judge did a safety plan and saying like, you know, we've been trained by Andrew how is it that the judge can do it and we can't. But the thing is that we were so caught up and, you know, sending people out to services and doing the things that we always did that it took a lot of work to begin to, you know, really rethink how do we do the work and begin to be able to do it. I mean Andrew would commonly spend a week with us and he make it sounds so darn simple and when he is on the plane back to Australia. We're trying to figure out how to do it and we have no clue.

Female Speaker 1: I think he is still doing our services. Is that true?

Dan Koziolk: Sure, we still, I mean we do a lot of fewer services than we used to, but, we still do services. I mean one of the things when I mean if that's the family's solution that made, part of it is we've trained up a lot of families to use those services and rely on in order to think that that's the way to get us off their back, so, if we meet with them and that's their solution that's what we do. But we also ask them how will that be helpful and, you know, when you go to that CDE treatment or you go to therapy or you go to anger management what is it that you're bringing back that you're that's helpful to you what are you using what rules come from there that you actually live day by day in your life, because, you know, that the on the ground, you know, behavior changes things that are different day to day is the stuff that we're much more interested now than whether you're completed a program and admitted that you did something wrong in the past and all the sorts of things that we used to get caught up in the past.

Greg Owen: Other questions? Yes please.

Female Speaker 2: How often are you going out to visit the family again or to check in or how does?

Dan Koziolk: It's been one of the biggest challenges because at least upfront it's a very intense model. I mean we'll put a lot of time and energy into a family when we open a

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case, how often depends a lot. I mean there is no like, you know, everybody goes every week type thing I mean initially will have.

Female Speaker 2: Do you realize the terms of that?

Dan Koziolk: Right, but, it's a lot of time and energy upfront with the family to really get clear about the map and get them working on coming up with their odd ways to keep their kid safe.

Greg Owen: One of the comments I wanted to make again from an evaluation perspective is that as we are looking at these implementations, the longest standing implementation is in Olmsted County as Dan described and then Carver is sort of second behind, both have multiple years experience, but, both are relatively small counties and so one of the research questions that we're intending to try and understand is as we now have at our largest county Hennepin which is where Minneapolis is, we now have interest in and some workers starting to turn viral on Dan and begin to incorporate these Signs of Safety strategies in the way in which they're practicing.

And so the question is can you take a county with, you know, 50 child protection workers where the caseload is significantly multiples higher than Carver County and where that perhaps the diversity of the population is even greater, can you implement Signs of Safety, can you do that front end time and do it effectively and make the model work. And I am skeptic enough to say that's a research question we have to we actually have to produce data on that, but, I am also optimistic enough and I guess I am starting to eat the mushrooms myself. I am optimistic enough to think from the enthusiasm that I saw in the first few workers from Hennepin County that we're trying this that this is something that could go viral in a large county and I think you have to change the practice, the culture of the practice in order for to become effective because you need the time upfront as Dan described to do these with the early work on the cases and so it is going to change perhaps the distribution of time and time management within a group like a larger group.

Terry Besaw: If you're going to institute a Signs of Safety training in your state one of the biggest responses you would get back is how in the hell are we going to have our time to do well this.

Female Speaker 2: Well that...

Terry Besaw: What are you talking about. And what I was stumbling with up there that I couldn't remember it was kind of the combination of voluntary people that came to us such as had some excitement and then staff, line staff. It wasn't, you know, different people talking. It was like this worked for me when I went out that the three houses. This worked for me when I did the safety house. This worked for me when I went out with some questions some strength-based questions from my hip pocket, you know, tell me about a time that you were successful in disciplining your child and it worked well for you and getting into detail and detail what make you, what do you, what would you like me to know about you as a parent.

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Dan's question, scaling question, you know, how would you rate your parenting, how do you think and tell me about that well maybe going to get a high rating, but, oh that's great tell me all about that and get detail and detail. So, it kind of gets through but I think what I tell people and I think what we are finding in our spread design is that not every case is going to need a safety plan, not every case is going to need this big group of, you know, this is your high end cases that might need something like that that if you come in and you can take a position that I know everything there is about social work and my practice is just perfect and I don't need any new ideas or just to be curious and come in and can you pick a way at something. If you can go out and think see a value and strength based questions and kind of start out you interviews after you get in the door like that and spend a whole lot of time with that and digging out the details, you've changed your practice. If you're using a communication tool with the child with the parent's permission, you've changed your practice. I mean so little things go a long way. Are you added on to your practice or you've expanded your practice, so you don't have to do the whole meal deal all the time.

Greg Owen: I see the seeds of a debate here I am sure we could get Dan and Terry debating the question of should use it often, seldom every case or not. We won't necessarily get into that today. Peter I did want to ask you a direct question that relates to kind of the spread of Signs of Safety. There are some other sites that are doing Signs of Safety now. You want to either step to the mic or use this mic I just I would like to have your comments on the record for this too. Peter has the advantage of being able to wander around the country and see some of the stuff happening.

Peter Pecora: I think what's interesting is that we got Massachusetts rolling it out. They've had some union issues and some public policy issues there, Sacramento, a group of Northern California Counties, San Diego, there are some American in some First Nations tribes in Canada that are comp I think are a little a step or two ahead of what the exciting work in Minnesota with the tribes is going to encounter. And I think what we are learning is that you don't do this like typical child welfare training. You can't approach this as a two days at a Holiday Inn and everybody is ready to go. And I think we're noticing that increasingly in child welfare right.

The implementation model for good practice models has to be a multiyear effort and so when I hear Dan and Terry talking and Greg talk about some of the lessons learned, it's let's choose a few good things and really implement them well over time and then what happens is that these are some of the benefits I think I am just waiting to see if in this second phase of the evaluation where we are going to get into some of more of the quantitative things, can we help Dan and Terry and other folks document reduce worker turnover, some of the things that I think Olmsted and Carver County have documented but maybe we can talk up little further, fewer involuntary termination of parental rights cases. Think about a time sink speaking of days in court and that kind of work.

You know, where the time savings aspects of practice when you have a worker who knows how to go home with the family listen for a bit, learn a lot more and then more

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efficiently work with that family and their allies to put together a more effective safety plan. I think it's these things and what else I think you also mentioned the faster reunification. If a child has to go into placement these children are going are being reunified quicker why, it's just like the stuff we learn in the early days of home based services right. If you spend a more, if you're a home builder's worker or family connection's worker or whatever you're spending a lot of time with that family and that upfront practice setting even when that family had to place that child, you were you knew a lot more about how to reunify that child that family with and child together, because you had spent that initial time with them. So that's I think some of the benefits I think we're starting to pick up across these multi as we are looking at this roll out across multiple states in the United States and I think what we want to learn from is that well the research with Minnesota because Minnesota really is the pioneer state in this country what can we learn about how to roll this out smart and efficiently that could be shared with other states through our learning collaborative, we have a learning collaborative that we co-sponsor with a number of other people that meets via web what we call it a video or webinar kind of thing once a month where we've got over 40, 50 people that join up once a month just to share ideas across states. So I think it's this is where I am very, very excited to see where this goes.

Greg Owen: Thanks Peter. Other questions. Please pass the mic to this lady right next to you.

Kim Frink: Yeah actually I've talked to Peter on the phone. My name is Kim Frink and I am with San Diego County.

Greg Owen: Okay.

Kim Frink: And we're one of the counties implementing Signs of Safety in California and we've learned a lot from the Minnesota experience and I just wanted to share with folks that it really has gone viral in our county, you know, we're a very large county. We're like three million people, over 600 social workers and we've been rolling it out unit, you know, by unit and the biggest complaint we're getting is that we're not rolling it out fast enough, because people are so excited, you know, by using it. So, it's very the workers feel very supportive. They really like the tool and I am curious too like Peter mentioned about, you know, worker retention over the long-term and that's something that would help with administrative bind to see if that really, you know, has an impact because I think it really helps the workers feel valued and it gives them tools that they think, you know, feel or really, you know, helpful in working with the families.

Greg Owen: What kinds of resistance have you had in the county and implementation and how would be dealt with the questions like the amount of time that is at the front end of a case and just kind of curious what's your experience was and any pushback in terms of implementing?

Kim Frink: You know, we just have started sharing. I've just started to hear, you know, some of the feedback that we're getting back from folks the time involved. I've heard

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some people say, you know, it takes like three hours to do safety mapping and I think that that, you know, probably get shorter over time as they get used to using the tools, but, that is one of the things that I have heard. In terms of other pushback, I don't, you know, again I think the only other really thing that I have heard is that, you know, it's not happening fast enough and, you know, we have, we're doing a lot to kind of get away from the Holiday Inn model, you know, training and having practice leaders and having coaching and we've had support from Casey as well which has been terrific. So, you know, that's really interesting just in terms of implementation signs too to see how this all rolls out in the various parts of the country.

Greg Owen: Yeah. Yeah thank you very much. Other questions or comments. We got about five minutes left. Yes.

Female Speaker 3: So, are you offering family maintenance services for those cases that you're diverting from coming into care?

Dan Koziolk: I am not sure what you mean by family maintenance.

Female Speaker 3: So like California knows it. So, for if you're not going to take dependency and you're setting a safety plan with the child then are you offering some ongoing services to that family to help maintain the child in the home without bringing them into formal foster placement.

Dan Koziolk: I mean we're opening the case and continuing to work through developing the safety plan and the network until we are confident that we've created a lasting safety. Certainly there are often services that are offered through that process. We've also worked entire cases where we've not offered any outside services just our work to help the family think they're way into and through their children safety. When the state comes out and reviews that they question whether we did anything. Well, but, from my perspective if I mean if the family is in a role of thinking through and keeping their kids safe and they've got, you know, a network of people around and then everybody knows what they need to do that's what I want to see.

If it's happening, you know, it's one of those things that pretty much you can recognize it when you see it. I mean, you know, that you have that things in place that will keep gets safe. We've had some cases where we close pretty confident and then they have comeback, you know, there has been a new report and what we found is a lot of times that's just a matter of, you know, the network I mean some people may be dropped off the networks, somebody got a job somewhere and relocated or there was a fight and they quit coming and so sometimes it's just a matter of going back and kind of looking at what went wrong and how do you pick up the pieces, but, a lot of times if a case comes back in now it's we see it as a lot of less work than we did in the past, because it's not like everything we did seemed to work and where did you go it's like let's go back through and look at what fell apart and where and when and what do we need to do different and how do we put that back in place and how do we make sure that that doesn't happen

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again. And sometimes that can be done pretty quickly and pretty, you know, in a pretty strong partnership with the family.

Female Speaker 3: Thank you.

Greg Owen: Thanks. One of the things that I think is going to be difficult from a research perspective is the whole issue of model fidelity when testing its implementation and Peter didn't talk about this, but, he has been trying to figure out too how to write about the fidelity of Signs of Safety and essentially every conversation I have with Dan and Terry I am unpacking more about what I think you can do in describing and being more systematic in the description of the model, but, it's still going to be one of those things and we talked about this in one of the sessions this morning in terms of evidence based practice and how difficult it is sometimes because context is such a large piece of any evidence based practice. The being able to capsulize this or describe it in a way that you can say okay then Signs of Safety is going on here or Signs of Safety is going on here. Yes, they are implementing Signs of Safety in a way that it's true to the model, but, you can hear how interactive this model is, how didactic it is in terms of going back and forth with supervisors and workers and how when one strategy doesn't work you go in with another strategy. So being able to absolutely put your foot down and say yes here is the model it's being implemented in a way that's true to its original intent and design.

Frankly, at the beginning of this we had a terrible time getting Andrew Turnell to tell us what Signs of Safety was and we went into the book, we went to the website, we went to every source possible to try and unpack what exactly is Signs of Safety. So we are still in the process of being able I don't want to say codify, but, essentially that's what you need to do if you want to test model fidelity across multiple sites. But that's where we are, but, I think it's worth it. These guys make me think it's worth it. Yeah, yes please. One more to the first back here someone who hasn't had a question yet.

Male Speaker 2: I just want to clarify Karen's question. We do voluntary family maintenance where the family voluntarily agreed to provide services in the family, but, as the court involve, the court and family that's the court involved and the once that you're done.

Terry Besaw: Sometimes the courts probably involved in half as many cases in our county as they were before we start in this journey, but, whether we've put the children and I mean if we put the children in placement we either have to get him home in three months or take it to court. If the children stay at home we only go to court if we essentially can't agree to continue to go forward with I mean together with the family if we're really not in partnership then we'll go to court really often until we get in partnership and then we'll close the court case and continue the voluntary case until we feel like we've reached mutual safety.

Greg Owen: Yeah we get two more questions in two more minutes. One here, one there. Excuse me.

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Kim Frink: Just a really quick comment you are talking about fidelity to the model and I don't know if in Minnesota in the counties where you have it whether it's mandated that all the workers use it, but, I know in San Diego we are not mandating it. So, I think that's going to be really interesting aspect too and that kind of leads to the noise Mr. Bisher was talking about earlier and maybe that noise within itself is kind of interesting to look at and why some people don't implement it.

Greg Owen: Yeah it's I am so glad you brought that up because one of the questions is I mentioned at the beginning this is a model that works by attraction. It attracts people that want to use these strategies and it maybe one of those things that the efficacy is going to be greater when people come to it because they were attracted to what it can do for them and improve their practice and not if it's mandated and I think Dan made that point very clearly. One more question over here or a comment.

Female Speaker 4: Yeah so the Californians call it maintenance, you call it prevention I think, I think I would call it prevention.

Dan Koziolk: Case work.

Female Speaker 4: So you would have case works. You would have a three-month window if things were voluntary and things weren't going well you would have three months of safety before you would go to court if you needed to go to court?

Dan Koziolk: Well if we move children from the home we can do that voluntarily I mean by agreement with the parent sweep and they sign it a voluntary placement agreement we put the children in care that's I mean within three months in that situation in Minnesota we've got to go into court. If the children aren't in care I mean we've had voluntary cases opened for years.

Female Speaker 4: Okay. Are you documenting your voluntary cases on your, I guess you call it the SACWIS system are they.

Dan Koziolk: Yes they're all in their system.

Female Speaker 4: So they're all on there. So it's all prevention efforts if the case ever came back with the legal sufficiency and was very dangerous basically.

Dan Koziolk: You know, I guess part of it for us we don't really look at as prevention if there is a child protection report, you know, our job is to make sure that there is, you know, the children are armed in the future.

Female Speaker 4: I think it's just linguistics and...

Dan Koziolk: Yeah.

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Female Speaker 4: Our area we call prevention from prevention to go to court. Then I had another question. Do you have subcon, you're the direct workers that are working with the families are they subcontracted or they directly working with are they employees of Carver County who are the employees of yours basically is my question.

Dan Koziolk: I mean the social workers that we have assigned to our cases are employees of Carver County.

Female Speaker 4: Okay.

Dan Koziolk: You know, we have used I think like Connected Families was mentioned I mean they were doing some like in home skills training and therapy when we first, you know, under contract with us to do that when we first sort of Andrew Turnell when we invited him, we invited them and other agencies that were doing the same work for us. They connected families staff came to the trainings came back, they went on the journey with us and they're fairly involved in spreading this approach across the number of states in Maine and Michigan. I know they've been to California and other places. So and I think in North Carolina.

Female Speaker 4: So some people are trained social workers and some people are trained therapists and both types of people are using Signs of Safety, right?

Dan Koziolk: I mean they were I mean as a contracted agency, you know, when we started this I said look I mean our job is the safety of the kids in our county. So in terms of spreading the model I am a private agency I think it's in a better position to do that than a public agency.

Greg Owen: We're time. Thank you all for coming. You've made it very helpful for us to hear your questions and comments. Peter I want to thank you for being at our session today. Dan, Terry great job very much. I appreciate it. Thank you.