

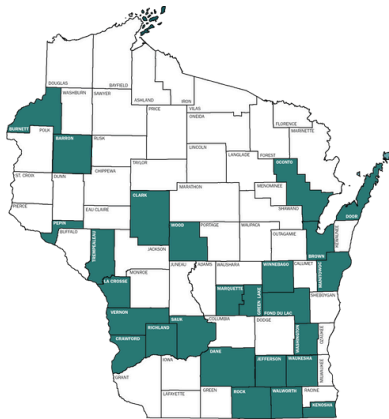
Applied Learning Communities (ALCs)

Strengthening Families: A Transformative Team Approach to In-Home Safety Planning

Annual Report

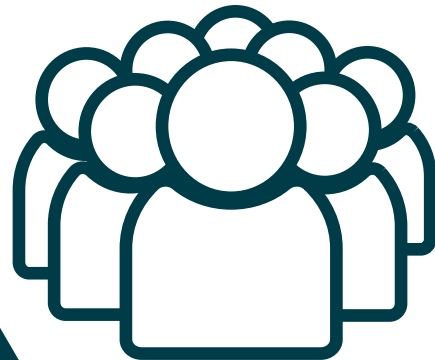
In 2019 the Applied Learning Communities (ALCs) program launched in Wisconsin. The ALCs facilitate dialogue and resource sharing among Child Protective Services (CPS) professionals across the state. In recent years, a transfer of learning approach has invited supervisors and lead workers to examine a specific area of policy, consider supplementary skills CPS professionals might need to support the practice, develop learning materials, and use those materials in their agencies to train and skill-build with staff. Recommendations for improvements at the local and state levels in policy, training, and eWiSACWIS are then made to the Wisconsin Department of Children and Families.

The 2024 topic was Strengthening Families: A Transformative Team Approach to In-Home Safety Planning. In 2024, 27 agencies applied, and 26 agencies enrolled, including 100 supervisors and designees.



26 local
child welfare
agencies
represented at the ALCs

100
supervisors
and designees



Learning Design

The 2024 ALC topic, *“Strengthening Families: A Transformative Team Approach to In-Home Safety Planning Through Conscious Decision-Making,”* was selected to give supervisors and CPS professionals in lead roles the opportunity to examine and deepen their understanding of In-Home Safety Planning practices. The aim was to explore strategies that help maintain children safely in their homes whenever possible while identifying systemic barriers and advocating for policy and practice improvements. The 2024 learning collaborative, *“Strengthening Families: Collaborating with Families of Young Children in Assessment and Safety Planning,”* aligned with the ALC to provide the workforce with numerous opportunities to expand their knowledge regarding in-home safety planning. (See Appendix A)

The 2024 ALCs consisted of two cohorts of local agency leaders responsible for supervising and coaching staff in Initial Assessment and Ongoing Services. Cohort 1 was held from February 1 - April 25, 2024, with 75-minute community huddles every other week. Cohort 2 was held from February 8 - May 2, 2024, with the 75-minute community huddles every other week. Both cohorts came together twice, on June 13 and July 11, 2024, to make recommendations to the Department of Children and Families. Participants earned 30 Continuing Education Hours (CEHs).

The learning was delivered in asynchronous learning modules and Community Huddles. The asynchronous learning portion focused on building a shared foundation of knowledge and critical thinking for effective in-home safety planning. The modules guide participants through each step of the safety assessment and planning process, as well as the analytical thinking that supports it. This learning laid the groundwork for deeper discussions during huddles. The Community Huddles provided an opportunity to review and discuss content, share innovations, identify challenges, and brainstorm alternatives.

Parent Partners from the Parents Supporting Parents (PSP) Program were part of the facilitation team. They created content, reviewed materials, and participated in community huddles. The PSP model aims to empower parents with lived child welfare experience as mentors to parents currently within the child welfare system. The Parent Partners provided insight into both their personal experiences with the CPS system and insights they have gained supporting families currently in the system.

Learning Objectives

Explore influences on thinking using AWAKEN: A Practice for Conscious Decision-Making.

Mindfully organize as teams to strengthen collaboration and decision-making skills.

Consider how moral injury and risk tolerance impacts professionals and decision-making.

Strengthen knowledge base regarding safety planning.

Practice skills using a real-life example provided by a lived expert.

Engage in collaborative discussions with peers across the state to learn from each other.

Engage in teams to strategize ways to improve practice.



This year, the Applied Learning Communities continued to offer a Transfer of Learning (TOL) experience to support information sharing and skill development within agency teams. Six asynchronous learning modules were featured alongside 41 short, topic-specific learning aids available on the Wisconsin Child Welfare Professional Development System [website](#) for use in unit meetings, individual learning, or staff reference. A companion resource [E-book](#) was also available.

Six Modules

The asynchronous materials and Community Huddles were divided into six modules. We introduced the AWAKEN Framework, a tool to support intentional, equity-centered decision-making. AWAKEN helps move us from automatic responses, often shaped by bias, to conscious, relational, and inclusive practices. Each module in the ALC series explored one element of this framework. The six components of the framework are:

- Awareness** that biases inform our thoughts and systems.
- Wonder** courageously about our perspective by connecting with story and identity.
- Ask** others about their perspectives and the impact of our systems.
- Knowing** integrates learning and unlearning into our perspective.
- Engage** in conscious decisions that foster safety, trust, and belonging.
- New neuropathways** are built that sustain multi-perspective thinking.

Module 1: Start with Self

In child welfare, the language we use directly impacts how we engage with families. Relatable and understandable language is key to fostering collaboration and building trust with families. By reflecting on how language shapes processes and procedures, we examined how changing the language we use can transform safety planning practices. Using the Language Iceberg Tool (See Appendix B), teams identified commonly used terms in CPS practice that can unintentionally cause harm. We reflected on:

- **What we say** - the visible language we use with families;
- **What lies beneath** - the assumptions and power dynamics that shape those words;
- **What we can do differently** - use an alternate language that promotes dignity, clarity, and collaboration.

This reflection led to rich conversations about how shifts in language can lead to more effective and collaborative safety planning.

The AWAKEN framework in Module 1 focused on Awareness, recognizing how personal and systemic biases influence our thinking and actions in child protective services. We practiced using bias cues to surface automatic judgments and applied counter-assumptions to explore other plausible explanations for family behavior or circumstances. These reflective tools helped participants slow down decision-making and see families more clearly and compassionately.

Six Modules Cont.

To support this reflective work, we also incorporated Mindful Organizing Strategies, a set of practices that promote a culture of psychological safety, collaborative communication, multiple perspectives, and collective learning in high-stakes environments. These strategies help guide how we plan, collaborate, and respond to complexity with our agency teams.

Finally, participants used what they learned by working through an example modeled after a lived expert's experience with the child welfare system. As the family's story unfolded, teams examined how their own beliefs, comfort levels with risk, and agency policies influenced their decisions. They used the AWAKEN framework and strategies from Mindful Organizing to reflect on their responses and make adjustments. This hands-on exercise made the learning more meaningful and demonstrated the complexity of in-home safety planning.

By the end of this module, participants were able to:

- Describe indicators of when bias may be present.
- Recognize different types of cognitive biases and apply strategies to counteract them.
- Learn how to practice the mindful organizing strategy of planning forward using huddles.
- Review steps in safety intervention, conditions to consider, negotiating the Safety Plan and the foundation of a Safety Plan.

Module 2: Exploring Perspective

Our perspectives on the world are shaped by our personal stories, professional experiences, and the systems in which we work. In this module, we explored how those perspectives influence our safety planning decisions and how we can develop curiosity about other points of view.

To support this exploration, teams used a tool called the Wonder Map (see Appendix C), which helps individuals and agencies examine the experiences, values, and stories that shape their current lens. This exercise made space for participants to reflect on how personal history, agency culture, and systemic norms influence both individuals and collective decision-making.

Six Modules Cont.

A key topic in this module was moral injury, the internal conflict that can arise when professionals feel compelled to act in ways that contradict their values. Participants discussed how moral injury shows up in CPS work and what agencies can do to support healing and resilience. Strategies shared included:

- Peer support groups that normalize reflection and offer connection.
- Group supervision models that create space for ethical dialogue.
- Training on ethical decision-making through a child safety lens.
- Policy and practice reviews to reduce unnecessary ethical conflict.

Participants also examined how risk tolerance related to child safety varies across agencies and personnel within and across agencies and is influenced by experiences and perspectives. Using the Risk Tolerance Tool (see Appendix D), teams placed themselves and their agencies on a continuum of risk tolerance as they walked through various scenarios in safety planning. This process helped uncover the following aspects of participant thinking and perception:

- How personal and organizational histories shape comfort with uncertainty
- How assumptions about risk can influence decision-making
- Where there may be a misalignment between agency policy and practice with families

To deepen this perspective-taking, agencies examined their data on:

- The number and quality of in-home safety plans,
- The number of children in out-of-home care.
- Average length of time in care,
- Rates of reentry into care.

These metrics helped teams establish a baseline for their current practices and identify areas where shifts in mindset and decision-making could lead to improved outcomes for children and families.

By centering wonder about ourselves, our systems, and the people we support, this module fostered a culture of curiosity, compassion, and accountability. When we pause to ask not just “What is happening?” but “Why might this be?”, we open new possibilities for more effective CPS practice.

By the end of this module, participants were able to:

- Identify how personal and systemic biases shape risk tolerance.
- Explain how moral injury affects decisions and the role of psychological safety.
- Use data to inform practice changes that improve outcomes for children and families.

Six Modules Cont.

Module 3: Discovering Other Perspectives

Effective safety planning relies not only on what we know, but on how we ask for information. In Module Three, participants explored the Ask element of the AWAKEN framework, focusing on thoughtfully framing questions that build understanding, staying aware of the potential impact of those questions and one's body language, and creating space to arrive at a shared understanding of the situation and for collaborative safety planning with families.

We began by examining the practice of proactive inquiry, the art of asking intentional, open-ended questions that surface insight rather than reinforce assumptions. Participants explored:

- The elements of a powerful question
- How to choose the right question for the right moment
- The role of tone, body language, and pacing in creating space for honest dialogue

Participants practiced crafting questions to deepen their understanding of the family situation in both supervision and family engagement. Using the training example that was modeled after a lived expert's own experience with CPS, teams brainstormed what a supervisor might ask a CPS professional to:

- Uncover potential biases shaping their assessment
- Broaden or deepen their understanding of the family's situation
- Identify what additional information, support, or actions are needed to safely keep the child in the home.

Many thoughtful and creative questions were generated and are included in Appendix E as examples of how asking the right question can lead to stronger safety plans.

Participants explored how trust and open communication within agencies, as well as with families, affect the quality of safety planning for children. They discussed how certain workplace practices could erode trust and shared ideas for rebuilding it.

One tool they learned about is called SBAR, which stands for Situation, Background, Assessment, and Recommendation. This tool helps CPS professionals quickly and clearly explain what is happening with a family so that everyone involved has the same information they need to make sound decisions. For example, if a CPS professional is seeking approval or guidance on an in-home safety plan from their supervisor or team, they might use SBAR to relay the information. They would share what is going on now (Situation), give important background details about the child and family (Background), describe the current safety concerns (Assessment), and offer a plan for keeping the child safe, including what should happen next (Recommendation).

Six Modules Cont.

Using SBAR helps teams balance the need to act quickly with the importance of making careful, informed decisions. It also promotes clearer communication, which is essential when children's safety and family stability are at stake.

By the end of this module, participants were able to:

- Apply values and skills to coaching CPS professionals to safety plan with families.
- Describe how to practice the mindful organizing strategy of communication effectively using SBAR - Situation, Background, Assessment, Recommendations.
- Connect safety planning to the three steps of supervision.

Module 4: Integrate Learning and Unlearning Into Our Perspective

This module focused on the element of the AWAKEN framework of Knowing, not just what we have learned, but also what we may need to unlearn. Participants were encouraged to approach each family situation with humility, recognizing that no one has the complete picture immediately. By working together, teams practiced how to validate or challenge their assumptions respectfully and thoughtfully.

Using a set of reflection questions, participants explored how a person's biases might be shaping what they think they know about a family. They also practiced a skill called managing professionalism, which helps teams speak up, ask questions, and learn from both successes and mistakes.

To apply these ideas, participants used a safety plan review tool (See Appendix F) to examine the quality of actual Safety Plans. The tool helps supervisors and staff think critically about whether the plan shields the child from the identified danger and whether it includes all the supports needed to ensure safety. Teams asked: "What could go wrong? What needs to be in place to ensure the child's safety? What parts of our usual thinking might we need to re-evaluate? These conversations helped identify what beliefs or practices might need to change to make safety plans more effective and better aligned with the schedules of children and families, confirming it is a realistic plan.

Six Modules Cont.

By the end of this module, participants were able to:

- Articulate how to synthesize new knowledge gained from new information and different perspectives.
- Review how to practice the mindful organizing strategy of managing professionalism.
- Examine the supervisory safety plan review process.
- Identify intervention strategies for safety plans.

Module 5: Engaging In In-Home Safety Planning with Families

This module focused on how supervisors can support CPS professionals in building stronger, more trusting relationships with families during the in-home safety planning process. Using the element of Engage in the AWAKEN framework, participants explored what it means to make conscious, thoughtful decisions that support safety, trust, and a sense of belonging. This module continued to explore how our biases and automatic assumptions can be checked to facilitate engaged and trusting interactions. We used the Engage Reflection questions to assess our thinking. Those questions are:

- What action will I take now that I have synthesized what I know?
- Does this look different from my initial reaction?
- Am I making a conscious decision that reflects the AWAKEN values?
- Am I engaging in ways that create safety, trust, and belonging?
- How can I advocate for system and organization decisions that foster safety, trust, and belonging?

When CPS professionals are more aware of how past experiences or stereotypes may influence their thinking, they can take intentional steps to see families more clearly and fairly. Participants provided examples of how supervisors and team members can help offer alternative perspectives and questions to consider other ways of understanding the family, which leads to better decisions and more respectful, inclusive interactions.

Six Modules Cont.

Discussions also focused on how language and a strength-based approach to safety planning are integral to the Family First transformation that Wisconsin's child protective services are undergoing. Participants looked at current materials, including the four analysis questions, to assess the safety intervention to control Impending Danger threats:

- Analysis Question One: How do the Impending Danger Threats play out in the family?
- Analysis Question Two: Can the family control the Impending Danger Threats without direct assistance from CPS?
- Analysis Question Three: Can an in-home plan work for this family?
- Analysis Question Four: What would we need to put in place in the home to control Impending Danger Threats?

They assessed ways these analysis questions might be enhanced to help in the in-home safety planning process.

By the end of this module, participants were able to:

- Apply conscious decision-making when safety planning.
- Consider how to assess and engage providers in safety planning with families.
- Describe the qualities of a sufficient Safety Plan.

Module 6: Building Habits for Teams

In this module, participants explored the final step in the AWAKEN framework, New neuropathways, which emphasizes the importance of building lasting habits that support multi-perspective thinking across individuals and teams. Participants explored how to embed these habits into everyday practice to sustain progress beyond a single training or initiative.

The module introduced the mindful organizing practice of “testing change as a way to shift thinking from theory to action. Using principles from implementation science, participants were guided through the Plan-Do-Study-Act (PDSA) cycle to support small, actionable changes in their local agencies. Each team identified a specific practice goal, brainstormed tools or strategies to test, and defined what success would look like. Teams utilized the PDSA framework to design small-scale tests of change that they could implement immediately or over the coming months.

Six Modules Cont.

To support systems-level change, teams also completed ACCI Mapping (Appendix G), which helped identify areas in safety planning that needed clearer guidance or better alignment with current challenges. Mapping focused on four key topics:

- Families impacted by **substance use**.
- Families experiencing **intimate partner violence**.
- Youth with complex **mental health needs**.
- Families experiencing **poverty**.

In addition to these change strategies, participants took part in a Spaced Education program designed to reinforce key learning from the ALC experience. This evidence-based adult learning method uses weekly multiple-choice or true/false questions to improve long-term retention. Over several weeks, participants received a total of 18 questions, six on each of the following topics:

- Conscious decision-making and bias,
- Mindful organizing,
- Substance use disorders.

This blend of structured team planning and ongoing reinforcement helped participants translate insight into a habit, deepening their commitment to safe, equitable, and effective in-home safety planning.

By the end of this module, participants were able to:

- Apply strategies that build and sustain new conscious decision-making habits to strengthen safety planning with families and team safety culture.
- Practice the mindful organizing strategy of testing change using Plan- Do- Study- Act (PDSA).
- Learn how to apply a systems lens to common problems in child protective services using an ACCI MAP.

Recommendations

Participants completed an activity to recommend improvements to local agency operations and state-level standards and policies, documentation requirements, training practices, and additional details related to these recommendations have been provided to the state. Core local-level and state-level recommendations are summarized below.

Local Recommendations

1. Encourage team-based decision-making at key decision points.

- Integrate team consultation during key safety intervention decisions (e.g., taking a child into Temporary Physical Custody, in-home plan feasibility, reunification planning).
- Use structured tools or protocols to guide team discussions and promote consistency.
- Community agencies (e.g., mental health, domestic violence, housing, recovery supports) can coordinate with CPS and the family to provide Safety Plan services.
- Cross-system training on safety planning principles, trauma-informed care, and culturally responsive practices ensure the team speaks a common language and maintains a unified focus on child safety.

2. Make safety planning more inclusive and family-centered.

- Enhance agency practice to ensure safety planning is inclusive of families and natural supports and takes into consideration the family's functioning and values in order to minimize disruption to their routines.
- Reflect the family's language and perspective in the Safety Plan to demonstrate active listening and shared understanding.
- Increase participation in the Children's Court Improvement Program's Tailored Dispositional Orders. They have created new conditions that remove substance use recovery "abstinence-only" language in court plans.

Local Recommendations Continued

3. Expand the child welfare workforce through greater involvement of supported lived expert peer roles.

- Agencies should consider integrating parents with lived experience into their CPS teams. Engaging trained and well-supported peers, known as Parent Partners in the Parents Supporting Parents Program, brings a unique credibility and empathy, helps families understand the process, and builds trust at critical moments.

State Recommendations

1. Use accessible, strength-based language across all materials.

- Update all forms, tools, and standards with language that is clear, family-friendly, and free from jargon or stigmatizing terms.
- Reframe and reword the Protective and Safety Analysis and Plan to be easier to understand for families and CPS professionals.
- Parent/caregiver protective capacities should be the first part of safety assessments.
- Collaborate with legal partners to create training and shared language that reflects the safety assessment and planning principles to help build greater understanding when safety decision-making is presented in court.

2. Align and combine the In-Home and Out-of-Home practice expectations and guidance within the CPS Ongoing Services Standards

- Align policies so that safety interventions are consistent for families.
- Unify expectations regarding safety assessment, planning, and monitoring for both in-home and out-of-home cases.
- Collaborate with legal partners to create training and a shared language that reflects the safety assessment and planning principles would help understanding when safety decision-making is presented in court.

3. Improve clarity and consistency in the documentation related to the safety assessment and planning process.

- Ensure safety decisions are clearly justified and grounded in a consistent analytic process. Examples might include:
 - Provide more precise parameters and guidance, including a desk guide, for how safety planning decisions are made and documented to avoid inconsistencies across agencies.
 - Incorporate core components of identifying, analyzing, and understanding that are central to safety decision-making into the safety assessment and planning documentation to clarify and support decision-making.
 - Include narrative options to reduce reliance on radio buttons and promote individualized planning.
- Develop functionality to support multiple households, child-specific safety concerns, and a printable calendar-format safety plan for families.
- Add a box to capture Caregiver Protective Capacities to the safety assessment and plan structure.

Alignment with the 2024 Learning Collaborative: Strengthening Families: Exploration of Elements for Successful In-Home Safety Planning

The 2024 ALC and the 2024 Learning Collaboratives aligned their topics to support the workforce in having numerous opportunities to expand their knowledge regarding decisions impacting the feasibility, sustainability, and sufficiency of in-home safety plans. Each month, the Learning Collaborative provides a short video blog, reflective questions, and facilitated discussions on the practice implications for quality initial contacts. Please see Appendix A for a detailed description of the Learning Collaborative topics.

2024 Learning Collaborative: Strengthening Families: Exploration of Elements for Successful In-Home Safety Planning

The 2024 Learning Collaborative provided an opportunity for child welfare professionals from child protective services and youth justice services to view a video blog, complete a worksheet reflecting on questions, and participate in a facilitated discussion on the analytical process of safety planning. The monthly Learning Collaborative topics aligned with the topics in the ALCs, but different content was created for the Learning Collaboratives. Anyone could attend the Learning Collaboratives, regardless of their agency's participation in the ALCs. The Learning Collaboratives provided an opportunity for Child Welfare professionals to delve deeper into a specific topic with a reduced time commitment.

A short video, typically around ten minutes long, was posted on the WCWPDS website on the first Wednesday of every month. Participants watched the video at any time that was convenient to them. A short worksheet with prompts was posted alongside each video to guide reflection, analysis, and application to practice.

Participants applied the concepts throughout the month in their daily practice. They took note of the successes and challenges, and record questions related to the concepts. Comments could be submitted on the website or by email and were used to guide the live group discussion.

Each month, there were two opportunities to participate in the live discussions, on the last Tuesday afternoon or the last Wednesday morning. The facilitator prepared interactive discussion questions and summaries on the monthly topic. Participants were given opportunities to share successes, ask questions, and respond to polls on the topic. Each of the facilitated discussions were recorded and posted on the WCWPDS website for review by those unable to attend or use at agency meetings.

Appendix A (continued)

Here is the general outline of the topics presented in 2024 with [links](#) to the materials posted.

February Values and Beliefs Related to Safety Planning

March First Step in the Analytic Process of Safety Planning

April Critical Function Statement

May Understanding Predictability and When Danger is Likely to Happen

June Understanding the Underlying Dynamics, Triggers, or Characteristics of Parental Behavior and Response

July Engaging Parents in Conversations to Discuss Negotiable Aspects of Safety Planning

August Utilizing Strengths and Caregiver Protective Capacities

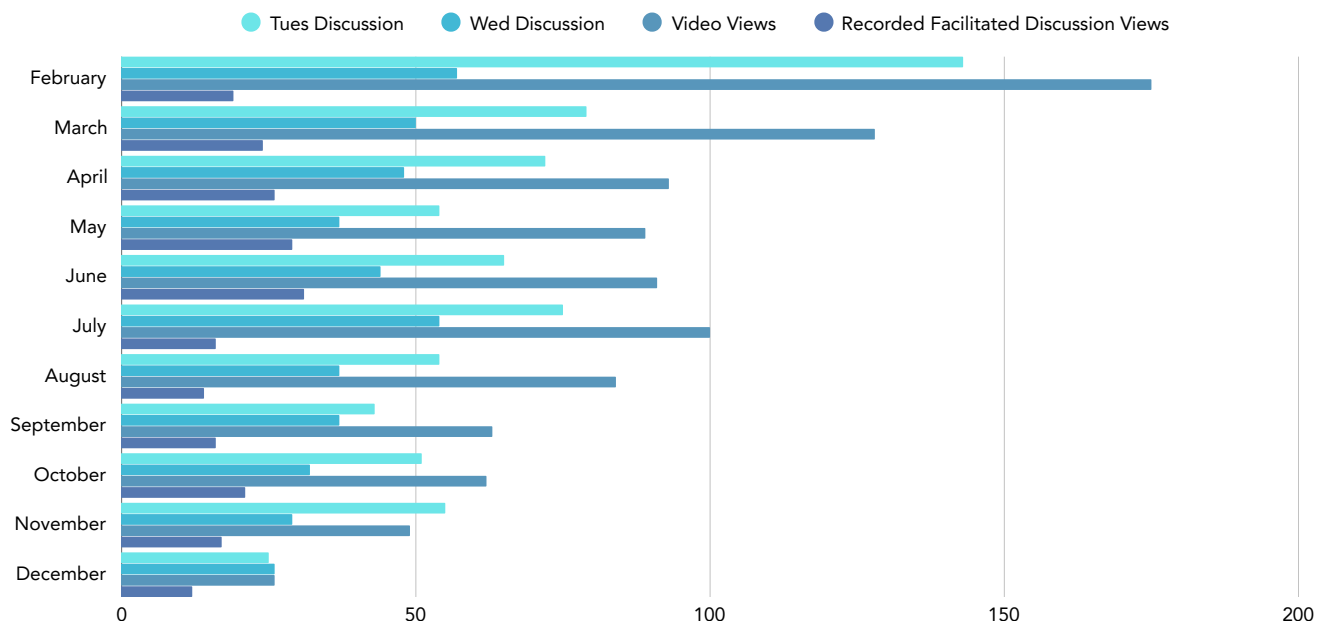
September Demonstrating a Safety Plan May Work for the Family

October Engaging in Partnership to Obtain Voluntary Consent

November Locating Sufficient Resources and Vetting Safety Response Providers

December Planning and Communication for In-Home Safety Plan Success

Attendance is taken at each facilitated discussion, and participants receive one Continuing Education Hour for each hour attended. There were 420 individuals that participated at least once in the facilitated discussions. Below is a chart with the number of views of the videos and attendance at the Learning Collaboratives. Please note that several agencies view the video in a group.



Language can be represented as an iceberg. The words and phrases we use are the tip of the iceberg above the surface, the language we hear and say daily. Under the surface the real size and potential impact of the iceberg is visible. This is where unspoken meaning and both conscious and unconscious perspectives live. The language we use communicates meaning and can be helpful and harmful.

Activity Instructions: Hidden Meaning

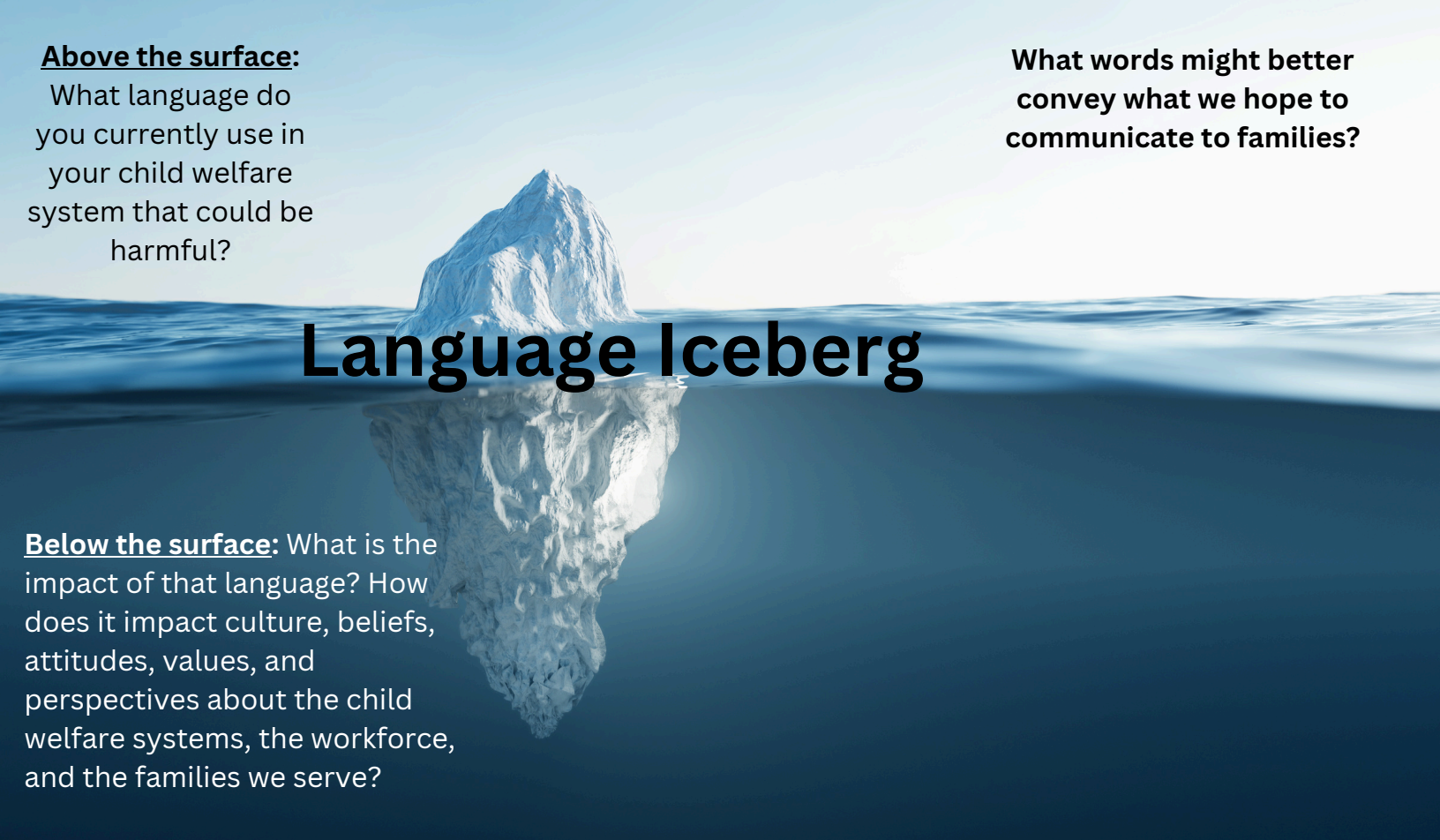
- On the upper, visible part of the iceberg, identify words we use in our systems and work with families, specifically related to safety planning that could be harmful.
- Under the surface, describe the underlying harm those words could cause for families and the impact this might have on practice with families.
- On the image identify alternative, helpful language that could be used instead. There are no right answers, and the activity is intended to create space for exploration and perspective sharing.

Above the surface:

What language do you currently use in your child welfare system that could be harmful?

What words might better convey what we hope to communicate to families?

Language Iceberg



Below the surface: What is the impact of that language? How does it impact culture, beliefs, attitudes, values, and perspectives about the child welfare systems, the workforce, and the families we serve?

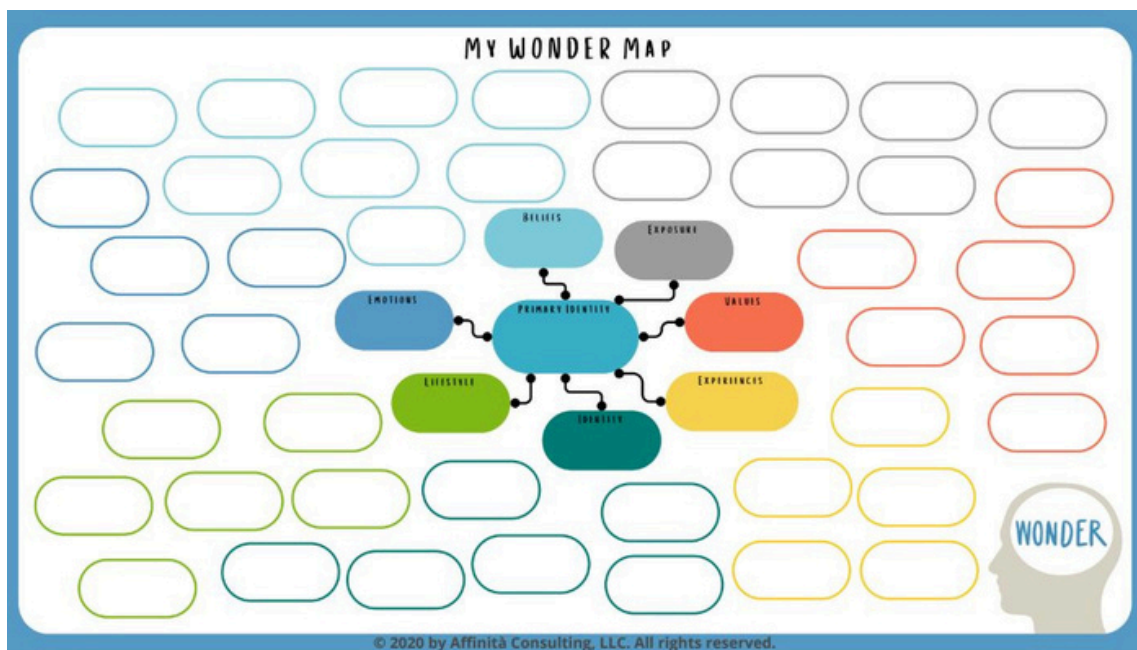
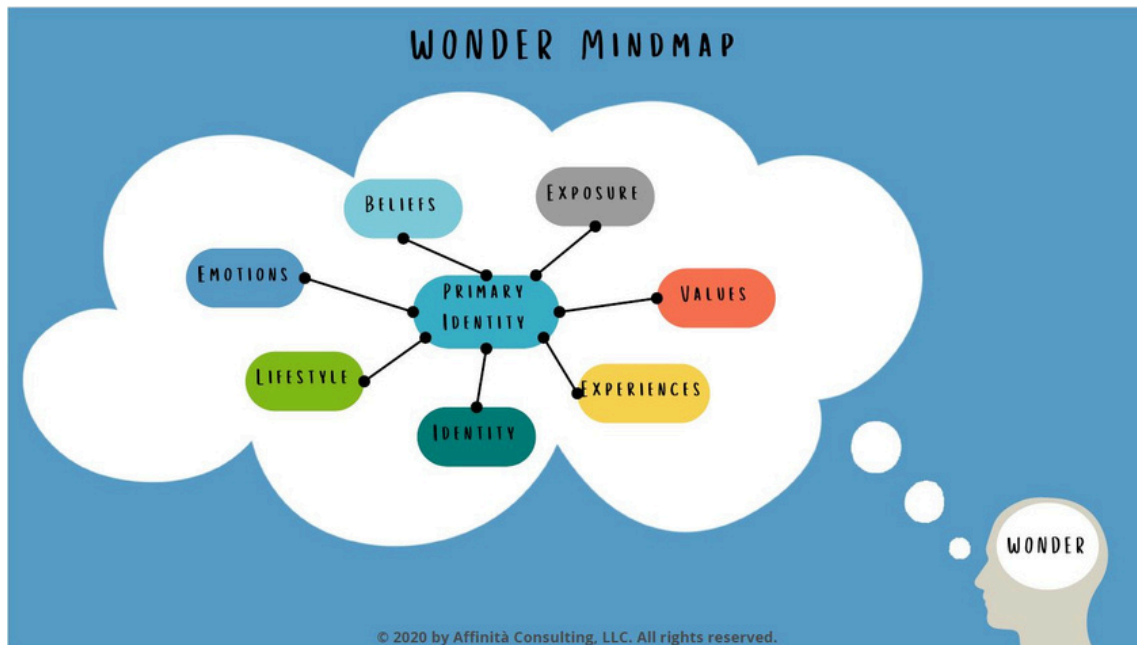
Using the Language Iceberg tool in both cohorts, the following changes were suggested for local and state child welfare agencies.

Old Words	New Words
Case	Family Involvement (with the agency)
Visitation	Family Time
Addict/ drug user/drug abuser	Someone with substance use disorder or using substances
Danger Threat	Unsafe parenting behavior
Aggressive	Direct, assertive
Resistant/Uncooperative/ Non-compliant	Doesn't yet feel safe engaging with the agency or services/The current plan is not meeting the needs of the family.
Unmotivated	Working through the change process
At risk	(Descriptive statement of concerns)
Manipulative	Unable to clearly express feelings and needs
Dirty drug screen	Tested positive
Protective capacity	Skills/abilities to keep children safe
Argumentative	Expressing disagreement
Out of control	Unable to provide safe care
Removal	Out-of-home living arrangement/safety plan
Placement	Living arrangement
Controls (control services)	Mitigation supports
Services	Interventions
Unsafe parent	Parent unable to ensure safety for the child at this time
Alcohol and Other Drug Abuse (AODA)	Substance Use Disorder (SUD)
Non-custodial parent	Parent not residing in the home
Dirty, unkempt	(Describe observed condition)
Legal father	Father who has established paternity
Abuser/Maltreater	Person alleged to have...
Reunification	Return home
TPR Warnings	Progress discussion
Homeless	Unhoused
Crazy	Escalated (Provide diagnosis or describe behavior)
	Child, mother, father, caregiver, family, etc.
Client Conditions	(Describe observations)
Illegal immigrant/	Non-citizen immigrant, undocumented, without legal status, person who is unlawfully present

WONDER MAPPING

Appendix C

We use the wonder map to understand how our perspective has been shaped throughout our lives. The acronym BELIEVE contains the elements that make up our unique perspectives, beliefs, emotions, lifestyle, identity, experiences, values, and exposures. Below is the tool to create a wonder map.



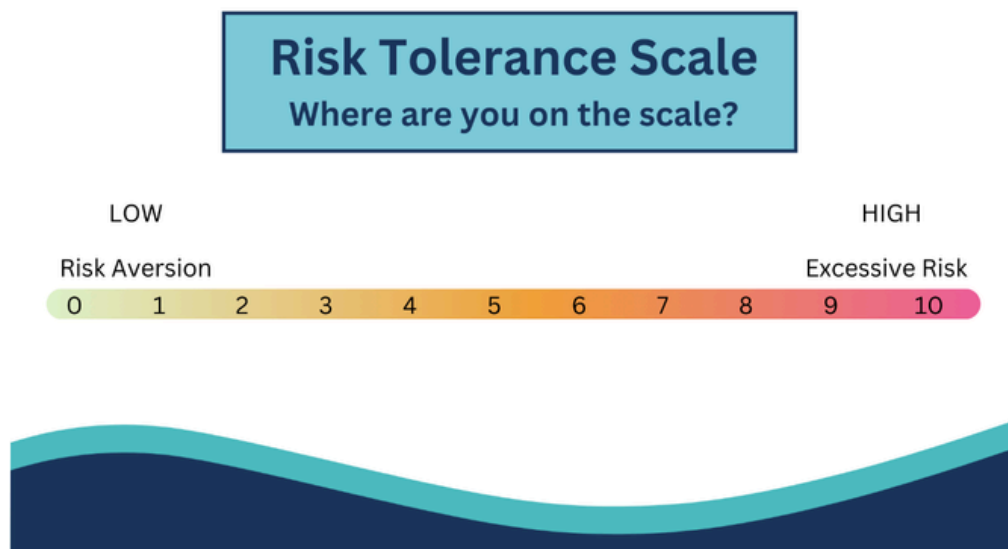
RISK TOLERANCE SCALE

Appendix D

Risk tolerance is defined as the degree of risk or uncertainty acceptable to a person, team, or organization. When safety planning, factors that impact risk tolerance influence our assessment of danger. These factors are unique to our individual experiences and perspectives. On one end of the scale is risk aversion and on the other end is excessive risk.

Risk aversion is the tendency to avoid risk. This might include a child welfare professional who chooses a more restrictive approach to safety planning over a least restrictive approach, for example, deciding to make an out-of-home placement when an in-home safety plan may have been possible with some additional planning.

Excessive risk is a higher-than-reasonable chance that taking a particular action could result in harm. An example might be leaving a child in the home with their caregiver without a safety plan.



Activity Instructions:

Consider current perceptions about child welfare work, use the 11-point scale above to rate your personal risk tolerance in the context of your day-to-day professional decisions.

- **How risk tolerate are you when safety planning with families?**
- **How risk tolerant is your agency to in-home safety planning with families?**

Supervision Questions

Appendix E

The following were questions brainstormed to use during the supervision of safety planning based on the attributes of a powerful question.

Explore possible biases

- Have you worked with families in similar situations?
- What evidence do you have to support those thoughts?
- Do you have any personal experience that is impacting your assessments/decisions?
- What are the family's strengths?
- Can we talk about specific examples of what you have seen or discussed with the family?
- What have you done to fully explore all informal supports?
- What else is possible?
- What is the first thing that came up for you when you first read the report?
- What worried you in this situation?
- What collateral contacts should be explored?
- Tell me about the collateral contacts and their perspectives.

Broaden or deepen the knowledge of the situation

- Tell me about the parents' viewpoint/concerns with the plan.
- What do you think the weak points are with the safety plan?
- Scaling your confidence in the planning based on what you have learned so far.
- What is your understanding of how the family has been successful in the past?
- What more information do you need?
- What are your impressions of the family members?
- What is needed to make this work?
- What stage of change is the parent in?
- What do the parents think needs to happen to keep the children safe?
- Tell me about the collateral contacts and their perspectives.

Safety Plan Review

Sufficient, Realistic, Least Restrictive

Role of the Parents

- Were the parents active in the development of the plan?
- Does the plan avoid taking over responsibilities the parent is capable of performing?
- Are the parents capable of reliably performing all activities required of them? Can they maintain this across time?
- Does the plan avoid relying on parental promises to control previously uncontrollable behavior? Does it avoid promises to just stop being a danger?
- Are the parents willing to allow sharing of all information necessary to support the plan?

Safety Plan Services are Control, not Change

- Do all interventions shield the child from danger or directly provide caregiving; don't attempt to change the parents?
- If a provider will be involved in the case plan, as well, is the priority on safety control responses articulated and understood? Is there a plan to track this?

Role of Providers

- Does the plan utilize providers that are least intrusive in the view of the family?
- Does the plan integrate providers who can continue as part of the family support network after CPS is gone?
- Is the intended role of the providers clearly understood by them, the family and CPS?
- Can the role of the providers reasonably be sustained for the length of the agreement?
- Do providers understand signs of a problem in the family and know what to do in the event of a problem?
- Are the providers culturally appropriate?

Focus on Critical Times and Circumstances of All Dangers

- Are all identified dangers addressed by the plan?
- Does the plan provide enough control at time the dangers are likely to become active?
- Does the plan avoid being overly intrusive - inserting control at times it is not necessary?

Contains Enough Detail to Support Effective Implementation

- Is the schedule for services clearly articulated?
- Are the activities of providers described in sufficient detail? Do they know exactly what they must do and the intent of that action?

Does the Safety Plan demonstrate clear logical links from danger to critical functions of the Plan to provider activity?

What must be different to end the Safety Plan?

- Can the worker articulate this?
- Can the parents articulate this?

ACCI Map

Appendix G

ACCI mapping is an approach to uncovering how factors in various parts of the system contribute to the challenge. Arranging those factors into a logical causal diagram illustrates how those factors effect to the situation.

How Systems Mapping Works

 Center for Innovation
in Population Health

