



Government of Western Australia
Department for Child Protection
and Family Support

The Signs of Safety Pre-Birth Meetings

Frequently Asked Questions

This document has been developed in collaboration with Department for Child Protection and Family Support (DCPFS), Legal Aid Western Australia (LAWA), King Edward Memorial Hospital (KEMH) and Family Inclusion Network WA (FINWA).

It is intended to sit within the protocols outlined in the Memorandum of Understanding between DCPFS and WA Health.

It is as a guide for facilitators and attendees of Signs of Safety (SofS) pre-birth meetings, and highlights issues which may be pertinent for all professionals to raise, in preparing families and other participants prior to the meetings.

All SofS pre-birth meetings are based on the core Signs of Safety Disciplines:

1. A clear and rigorous understanding of the distinction between past harm, future danger and complicating factors.
2. A clear and rigorous distinction made between strengths and protection. Strengths need to be demonstrated as protection in relation to the danger, and over time.
3. Rendering all statements in straight-forward, rather than professionalised language, that can be readily understood by service recipients.
4. As much as possible all statements focus on specific, observable behaviours.
5. Skilful use of authority.
6. An underlying assumption that the assessment is a work in progress rather than a definitive set piece.

The Signs of Safety Pre-Birth Meetings

Frequently Asked Questions

1. What are the key processes endorsed by the Bilateral Schedule which staff need to understand?

- a) The expectation is that there will be early collaborative assessment and exchange of relevant information to ensure that safety planning with the family and key partner agencies is done as early as possible.
- b) Transparent decision making; DCPFS need to be able to clearly articulate the rationale behind why decisions are being made.
- c) Lawyers may attend meetings with parents to provide support and legal advice; they provide a 'reality check' for the parent and may enable them to present their point of view.
- d) Professionals should be familiar with the *Consistency Document* prior to participating in SofS pre-birth meetings. This document clearly articulates the step-by-step process that should be undertaken in these meetings.

2. What are the essential elements of a SofS pre-birth meeting?

The purpose of the meeting is to plan collaboratively for the safety of the baby and to achieve a shared understanding about why decisions are being made.

DCPFS staff need to manage the tension of maintaining engagement with the family while acknowledging their statutory obligations to keep children safe and protected from harm. This is done through skilful use of authority and by engaging in an inclusive and transparent process throughout the SofS pre-birth meetings.

All participants are responsible for the process and the outcome. While the Facilitator leads the discussion, other professionals can also ask questions if they believe the question may bring greater clarity to the discussion and add value to the conversation. Consideration must be given to the following;

- a) The mother/father in the meeting is supported to have a voice within the meeting.

- b) Information is exchanged in a way that meets the needs of the family considerate of language, cultural needs, and issues of literacy and free of professional jargon.
 - c) All family members must be told who they can contact if they are unhappy with the outcome(s) and the process for formally making complaints.
 - d) All participants at the meeting must be given a copy of the SofS assessment and planning document (hard copy and typed copy).
 - e) A venue and time for the meeting should be chosen that makes it accessible for the family members.
 - f) DCPFS will welcome the opportunity to consider new information and collaboration is essential when considering options for safety plans once the baby is born.
 - g) Families should be informed that DCPFS make the decision as to whether to apply for a Protection Order but that the Children's Court makes the final decision as to whether the Protection Order is granted.
3. How do I (Facilitator, Team Leader, Child Protection Worker) best prepare for a SofS pre-birth meeting?
- Preparation for SofS pre-birth meetings should include the following:
- a) Child Protection Workers must be familiar with the case and should read the case files prior to the meeting.
 - b) If possible, DCPFS should conduct an internal/district SofS mapping (either with or without the family) so that a clear initial assessment can be commenced and subsequently discussed with the family and agencies. The purpose of this is to clarify the harm and danger statements as well as some analysis of the age, vulnerability and severity of the past harm.
 - c) DCPFS need to ensure that families have the opportunity to invite support people and make appropriate referrals to other agencies that might be able to assist them. There should be no surprises at the meeting.
 - d) Facilitators can consult with Senior Practice Development Officers (SPDO) to ensure that preparation has been completed. Self-awareness is critical in considering how

they will manage the group. Consider the need for meeting ground rules and how best to manage the purpose of the meeting and the time (refer to the Consistency Document for available resources including the Opening Statement document in this regard).

4. What can we do if DCPFS staff do not seem confident to clearly articulate what they are worried about at the meeting?

- a) Preparation of DCPFS staff prior to the meeting is essential to clarify what they are worried about in relation to the parents' care of the child/ren: Who is worried? What is the behaviour of the parent(s) that worries you? How will that behaviour impact on the (un)born baby?
- b) Facilitator can ask DCPFS staff to reframe/clarify by asking eg:
 - "I'm not sure what that means, can you describe it?"
 - "What will that look like?"
 - "What have you seen that supports that statement?"
- c) Encourage the use of simple language.
- d) Open questions that encourage reflection on other perspectives.

- e) Ask the mother/parents if she/they understand what DCPFS's position is.
- f) Ask parents to respond to DCPFS worries and talk about what their view might be.
- g) Consider meeting separately with DCPFS staff and the mother and/or father to check in on how the meeting is going for them; or where the "gaps" are and to address them before the meeting resumes.
- h) Ask the scaling question.

5. How can we assist parents/family to generate safety plans?

- a) Families need to hear what DCPFS are worried about in relation to their care of their child/ren and be given the opportunity to respond.
- b) Families need to work with DCPFS, other agencies and support people to jointly develop clear Danger Statements to be able to respond to and develop clear Safety Goals they can work towards.
- c) DCPFS staff should be able to describe what is the acceptable level of risk? What is the bottom line for safety for this child?

- d) Encourage families to bring their safety network with them and be clear with the safety network about what is expected of them and their role.
 - e) Walk families through the process of safety planning by asking questions that enable them to think through the critical issues and how they might respond. This is likely to assist them in taking ownership of the plan.
6. **How can we establish clarity around the role of the lawyer in the meeting?**
- a) Facilitator should use the opening statement to explain the purpose of the meeting, the process and ground rules including that the lawyers are present to provide support and advice and will encourage their clients to speak for themselves where possible.
 - b) If parents have a lawyer at the meeting, DCPFS staff must be notified before the meeting so they have a chance to consult with Legal Practice Services. If this has not occurred consideration may be given to rescheduling to enable this to occur. DCPFS staff have the option of having a DCPFS lawyer present when the parent has a lawyer.
 - c) If the Facilitator is concerned that a lawyer is stepping outside their support role they should remind the lawyer of the ground rules and that the meeting wants to hear from the parent. If necessary the Facilitator can call a break to re-establish the arrangements and ground rules of the meeting. This also applies to the other professionals in attendance at the meeting
 - d) Check prior to the meeting whether a lawyer has ever attended a SofS meeting or training before. If not, meet with them briefly to clarify the process and their role.
7. **How do we arrive at a common understanding with partner agencies that the role of advocacy in Pre-Birth Meetings is to promote the future safety of the child?**
- a) Talk with the partner agencies before the meeting where possible to clarify their roles at the meeting and expectations of the process.
 - b) As with lawyers, the role of the other partner agencies can be described and confirmed with them during the Facilitator's Opening Statement.
 - c) During the meeting, the Facilitator can ask them how

their agency can assist the parent to achieve the safety goals.

8. How can we best respond when we become aware of a high risk mother close to delivery?

- a) The priority is to include the mother in an information gathering conversation in any way possible.
- b) Engage in prompt communication between the family and key agencies and be as inclusive as possible eg. Arrange a teleconference if a physical meeting is not initially possible. See section 23, 33A and 33B *Children and Community Services Act 2004* (the Act).
- c) Acknowledge that there are times we may not be able to hold a SofS Pre-Birth meeting but document why this has not occurred.
- d) Decisions may need to be made on an emergency basis. Assessments can be dynamic and fluid and information can change rapidly. There needs to be transparent decision making when this is the case. To the extent that it is possible and appropriate relevant information should be shared with the partner agencies providing support to the family.

9. How can we better manage the different perspectives generated by short term and long term knowledge of a client?

- a) Facilitators can acknowledge that we all bring something to the table and that all perspectives are valued.
- b) While all professionals are focused on the safety of the child, predominantly health professionals are focussed on the health needs of mother and baby-defined holistically. ie. physical, emotional, psychological as well as their right to dignity and their aspirations especially the future safety of the child;
- c) DCPFS staff are focussed on the immediate and long term safety and wellbeing of the (un)born baby and where possible, how that can be facilitated within the family system;
- d) Lawyers and other agencies are focused on support and advocacy and can play a key role in reality testing their client's perspective and legal implications.

Conflict is often inherent in these meetings – DCPFS staff, lawyers and other professionals should be able to sit with this tension.

Facilitators can manage the tension by ensuring that interactions between participants are respectful. Facilitator's Opening Statement sets clear ground rules for this respectful interaction.

- e) There also needs to be acknowledgement that this is only one part of the client's journey and DCPFS may be required to be involved with the family after this process is finished.

10. How do we establish that the facilitator is at 'arm's length' from the decision making?

- a) The role of Facilitator is to manage the process of the meeting. They need to state they are not the decision maker.
- b) Facilitators should consider introducing themselves to all participants prior to the meeting whether that is a telephone call prior or an introduction prior to entering the meeting room.
- c) Facilitators should declare a conflict of interest, eg. if they have previously had line management authority or some other current role with the family that would raise questions about their capacity to be independent.

The Facilitator should check with all participants whether they are happy for them to proceed and if not, offer to reschedule the meeting with another facilitator.

11. How do we record the meeting when it has not been conducted according to the SofS protocols?

- a) There are times when SofS pre-birth meetings are not helpful eg. mother is too distressed or does not cope in the group setting. The meeting is to be written up as meeting minutes like any other general meeting.
- b) A rationale for why the process was not able to be followed should be provided to key stakeholders and a case note made for the case file.
- c) Information discussed at the meeting should not be organised into the SofS 3 columns.

12. How can we be clearer about what DCPFS needs to see to be satisfied that the unborn baby/baby is safe?

- a) This requires good preparation where an assessment has already been conducted with clearly defined harm and danger statements that identify

- the behaviours of the parent(s) that you want to see change.
- b) Existing protection for the child also needs to be named under “what is working well?” and from this Safety Goals are then articulated so that parents know what DCPFS needs to see them doing in the care of their child.
- c) Parents should be given the opportunity to develop their safety goals and to articulate what they need to be doing.
- d) The meeting itself can be an opportunity to generate ideas on how the family will be able to demonstrate safety to DCPFS with support from family and agencies. DCPFS need to then determine whether this is an acceptable level of risk or not.
- 13. What is a Signs of Safety safety plan? (in relation to danger statement)**
- a) Signs of Safety Plans need to identify what the safety goal(s) are. DCPFS staff need to be able to articulate what behaviours they want to see in terms of an acceptable level of risk/safe enough for the baby.
- b) The safety plan must also include how the plan will be monitored and the timeframes for the safety plan.
- c) A safety network is developed which is a network of people who can respond to, and manage the foreseeable threats and dangers to a child.
- 14. Is it a conflict of interest for the Child Protection Worker when the mother is in the care of the Chief Executive Officer (CEO)?**
- a) Cases are allocated based on the family, however the case worker should give consideration as to whether the circumstances of the case cause them a conflict of interest such that the mother or the baby should be allocated a different case manager.
- b) The Advocate for Children in Care should be advised.
- c) Where there is concern, consultation can occur with the Team Leader and District Director.
- 15. When babies come into care at birth, what are the key considerations?**
- a) An integral requirement in the Safety and Wellbeing Assessment process is sighting the child and recording the sighting on Assist. KEMH the Social Work department will facilitate this arrangement.

Special arrangements may be necessary when the baby is in the intensive care nursery. Decision making regarding the day to day care, in particular medical treatment (s29 and s127 of the Act) has been amended to provide exclusive authority to the CEO for decision making when a child is in provisional protection and care. The Act also places the responsibility for accessing and consulting with medical practitioners on Departmental Offices in order to make the appropriate decisions – s29 (3A).

- b) Requests for discussions and information about the medical needs/information of the baby are to be facilitated through the Social Work Department or Nurse Manager of the hospitals involved and not direct to the Doctors. Special meetings similar in function to the Significant Injury Planning Meetings (Princess Margaret Hospital) could be arranged.

16. How do we capture our best practice and build on it?

- a) Through using appreciative inquiry and debrief processes.
- b) A debrief or reflection at the end of the process is the opportunity for critical reflection to occur around the process

as opposed to discussing content.

- c) Contentious cases may require the use of an independent facilitator to lead the debrief/ reflection discussion.
- d) A debrief also provides space for people to reflect on what other learning needs to take place for the meetings to be more effective in the future.
- e) Acknowledge when good work has taken place, ensuring the feedback loop is being used for what is working well not just for the contentious/problematic cases.
- f) Celebrate with stakeholder agencies.



Department for Child Protection and Family Support

189 Royal Street

East Perth WA 6004

Telephone: (08) 9222 2555

Country free call: 1800 622 258

www.childprotection.wa.gov.au