Children's Services PRACTICE NOTES

For North Carolina's Child Welfare Workers

From the NC Division of Social Services and the Family and Children's Resource Program

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North Carolina Implements Safety Organized Practice

Safety Organized Practice (SOP) is an essential part of child welfare transformation in North Carolina. Our state has chosen to implement this best practice approach because it develops child welfare professionals' skills in family engagement, rigorous assessment, and critical thinking so they can create sustained safety, permanency, and well-being for children and their families (UC Davis, 2024).

> *Collaborative, trauma-informed, and culturally responsive, this best practice approach is rooted in evidence-based practice and provides practical tools to support engagement, assessment, and critical thinking. It actively positions the family as the expert and holds child welfare professionals responsible for honoring each family's unique culture and perspective by uplifting and building on their strengths - (UC Davis, 2024).*

Some SOP practices, such as scaling and other solution-focused questions, have been widely used in our state for years. Others, such as the Three Houses, are less familiar. Implementation of Safety Organized Practice in

In This Issue

North Carolina will be an organic process, with each child welfare professional gradually learning about and adding SOP practices to the tools they use with families.

This issue of Practice Notes explains how SOP fits into North Carolina's child welfare practice model and explores how using SOP tools and techniques can make child welfare casework more safety-focused, trauma-informed, family-centered, and solution-focused. Using SOP tools and practices enhances our ability to achieve positive outcomes for families and children.

Safety Organized Practice and North Carolina's Practice Model

North Carolina has adopted a practice model to help our child welfare system shift from doing to families to working with them. As the figure shows, this model is supported by three components, just like a three-legged stool. One leg is the child welfare practice standards. Another is policy, which includes the use of the revised Structured Decision Making tools. In this article, we zero in on the third leg, Safety Organized Practice tools and strategies that strengthen partnerships with families and communities while keeping child safety at the center.

Practice Model Components
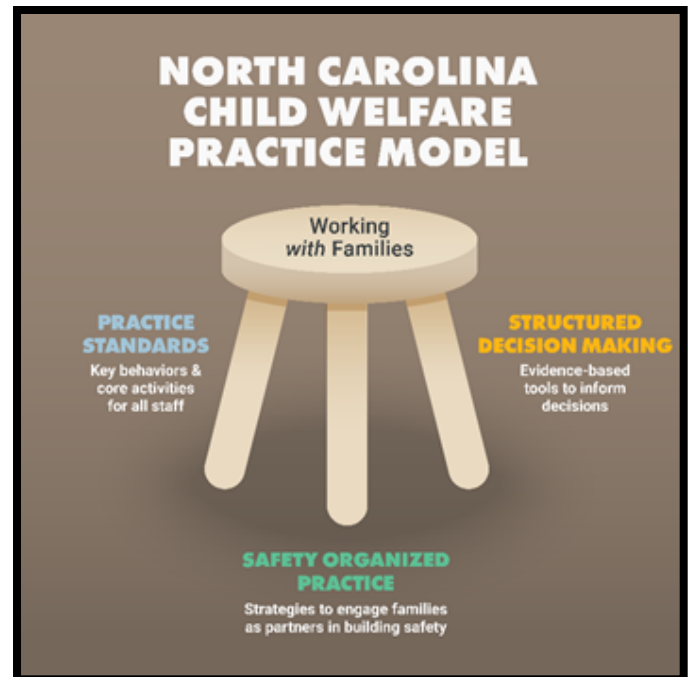
North Carolina's practice standards describe how leaders, supervisors, and workers should interact with children, youth, families, and other child welfare staff. Each standard has key behaviors and core activities that staff at all levels should practice. They include:

- **Communicating** — how to listen, share information, maintain transparency, build trust
- **Engaging** — involving children, families, relevant stakeholders; building rapport and partnerships; investing in staff well-being and development
- **Assessing** — evaluating safety, risk, needs, strengths; ongoing monitoring to assess performance
- **Planning** — creating a case/family plan that includes safety goals, permanency, and well-being; mapping out interventions and responsibilities, and is inclusive of families, staff, and partners
- **Implementing** — putting the plan into action; monitoring progress; making adjustments; ensuring services are delivered; celebrating success

Click here to read more about tools supporting the implementation of practice standards.

Structured Decision Making (SDM) tools are evidence-based assessments and protocols that guide and inform child welfare decisions.

SDM tools promote consistency, objectivity, and alignment with best practices. Counties are actively implementing the following revised SDM tools:

Screening and Response, Safety Assessment, Family Risk Assessment of Child Abuse/Neglect, and the Family Strengths and Needs Assessment, a component of which is a new Child Strengths and Needs Assessment.

Safety Organized Practice (SOP) supports the implementation of the practice standards and SDM tools by providing a consistent framework that engages families as partners in building safety. SOP has three major objectives: (1) developing good working relationships, (2) using SDM tools and critical thinking, and (3) building collaborative plans that enhance daily child safety. Like the practice standards, SOP emphasizes plain, transparent language so that families, children, and professionals all understand what has happened, what is currently being assessed, and what needs to change.

SOP Tools

The following SOP tools blend structure with collaboration to improve the child welfare outcomes

of safety, permanency, and well-being.

Three-Column Mapping

Three-column mapping is a cornerstone of SOP. This tool organizes conversations into:

- **What are we worried about?** (harm and worry)
- **What's working well?** (strengths and protective capacities)
- **What needs to happen?** (safety plans and next steps)

This structure balances concerns with strengths, ensuring families are recognized not only for their challenges but also for their resilience and capacity for change. For more on three-column mapping, click here.

Harm and Worry Statements

Provisional harm and worry statements are developed during Screening and Response to help families, children, and networks understand concerns in concrete terms. They are called "provisional" because the information that's been reported has not been confirmed through a CPS assessment yet. These statements identify the caretaker, the negative behavior they are exhibiting, and the impact or likely impact of the behavior on the child. Harm statements summarize a report of an impact that has occurred on a child. Worry statements focus on the future (i.e., what the agency is worried will happen to the child if nothing changes). Here is an example:

- Harm – *The reporter stated that Ms. Smith left her child, Betty (7), home alone overnight. Betty stated to the reporter that she was scared to be alone.*
- Worry – *Betty could be hurt by an accident and feel scared without an adult to care for her if she is left alone overnight.*

Even if a harm statement cannot be developed because the reporter is unable to describe the impact of a caretaker's behavior on a child, the screener can still develop a worry statement. For example, if law enforcement reports a 3-year-old child left alone in the park, they may not be able to describe that anything has happened to the child yet, but there is a likely impact without intervention. For example:

- Worry – *John may be kidnapped or seriously injured when his father leaves him alone, unsupervised, in the park near a busy area with a lot of traffic.*

As the case is assessed, and danger indicators are identified on the Safety Assessment, harm and worry statements continue to be noted on the Safety Plan. They help the family understand why child welfare is involved in their lives, and they connect to what needs to change through the development of a safety plan and, if needed, through continued case planning. To learn more, take the e-learning Provisional Harm and Worry Statements at Intake as well as Harm, Worry, and Goal Statements.

Safety Plans

Safety plans are written as observable, measurable actions adults will take to ensure children's ongoing safety. Action steps in safety plans go beyond intentions; they are commitments that can be demonstrated and monitored over time.

For example, *"Ms. Smith will make sure Betty is safe"* is a vague action step/commitment. A more concrete commitment might be: *"Betty will always be cared for by a safe adult—such as her mother, grandmother, or neighbor—who will stay with her overnight and make sure she has meals and supervision."*

SOP calls for families to help write and agree to the safety plan goals. Once goals are drafted, workers should ask the family questions to confirm they are realistic and achievable. For example, a worker might ask: *"If you had to work late tonight, what exactly would happen? Who would call Grandma? Who would stay with Betty? What would Betty know about the plan?"* Practicing in advance shows whether the plan is realistic and gives everyone confidence that it will work.

Another way to initiate a discussion on whether a safety plan is realistic and achievable is by asking scaling questions to assess a parent's willingness, capacity, and confidence with the plan. For example:

- Willingness – "On a scale from 0 to 10, where 0 means you are unwilling to have your neighbor stay overnight with Betty, and 10 means you are totally willing, where are you?"
- Capacity – "On a scale from 0 to 10, where 0 means 'I can't transport/pickup Betty to/from childcare', and 10 means 'I have no barriers to getting Betty to/from childcare', where are you?"
- Confidence – "On a scale from 0 to 10, where 0 means you are not confident at all that this plan will work and 10 means you are totally confident, where are you?"

These questions will help understand if the family believes the plan will be successful and provide an opportunity for a caseworker to ask for more information: "What would it take/what support do you need to increase your answer by one more point?" Safety plans are not static. They are living documents that evolve as circumstances change and progress is made. A caseworker should continue to ask about the family's perceptions and the continued support needed to remain successful.

Building Safety Networks

A strong safety plan cannot rely on child welfare alone. SOP prioritizes creating a safety network—extended family, friends, and community members who support the family and help monitor safety. These networks make safety plans sustainable long after child welfare involvement ends. Here is an example:

Betty feels safest when her mother, grandmother, or neighbor is around. The worker helps the family create a safety network that includes them. Together, they agree on who will stay overnight if the mother is away, check in with Betty to make sure she feels safe, and be available to support her if she feels scared.

If the family is having difficulty identifying people in their safety network, use a visual tool such as a Circles of Safety and Support diagram to help identify who is in the family's inner circle, middle circle, and outer circles of support. Ask prompting questions such as:

- Inner – Who are the first people you call when you are in need?
- Middle – Who supports you a little?
- Outer – Who have you not reached out to? What would it take to move them to your inner circle of support?

Building and using safety networks reduces isolation and spreads responsibility for safety across a natural support system. To learn more, click on

Solution-Focused Practice

It is easy to focus on problems. Usually, we are involved with families because a problem was identified and a report was made. SOP encourages solution-focused practice to increase opportunities for solutions; it invites people to think about the way they resolve problems. When child welfare staff use solution-focused questions with families, they empower the family, not the problem. These questions uncover times when problems were managed differently (exceptions) and concentrate on strengths and solutions that the family identifies. This helps families envision and build their own solutions. For more on solution-focused questions, click here.
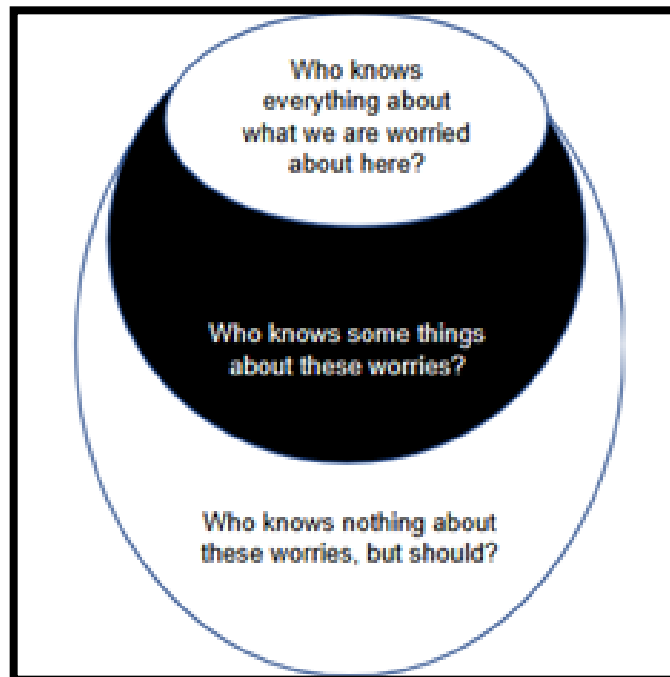
Tools Engaging Children

Children's voices matter. SOP includes the following age-appropriate tools to ensure children understand what is happening and can contribute to the planning process.

- *Three Houses*. This tool helps workers engage with a child or youth during a CPS assessment and safety planning. There is a House of Worries, a House of Good Things, and a House of Hopes and Dreams. Let the child decide where to start. For example, ask them to draw, write, and/or describe what good things are happening in their home. Use one sheet of paper per house. For more on the Three Houses tool, click here.

- *Safety House*. This tool should be used as part of a collaborative safety planning process throughout the child welfare service continuum. For example, invite a child to draw themselves in the center of a house. This reinforces that our focus is on the child and how they experience and feel about the world around them. Ask them to fill in the blank space between the walls with things that they

Who knows everything about what we are worried about here?

Who knows some things about these worries?

Who knows nothing about these worries, but should?

enjoy or like about their house and family, such as traditions, routines, and people. Draw an outer circle around the house and ask the child to think about whom they like visiting the house. Draw a red circle to the side. These are people whom the child does not want to allow inside the house, such as unsafe people or threats to their safety. The roof of the Safety House is the rules. Invite the child to create rules for their safety house.

Conclusion

Safety Organized Practice is more than a set of tools—it is a mindset. It creates shared understanding, builds networks of support, and emphasizes clear, behavior-based plans that can be sustained over time. By blending structure with engagement, SOP strengthens partnerships with families and communities while keeping child safety at the center.

Solution-Focused Questions in Child Welfare Practice

In child welfare, conversations often begin in moments of worry, fear, or crisis. Families frequently face complex challenges, and workers must navigate those realities while keeping safety at the center. Solution-focused questions offer a way to shift the tone of those conversations from problem-focused to opportunities for solutions. They help workers engage families in strength-based dialogue that highlights what is working, what families want to achieve, and how they can use their own resources to move toward safety and stability. At its heart, the solution-focused approach rests on the belief that every family has strengths and capabilities that can be built upon.

The role of the child welfare professional is not to "fix" the family but to partner with them in discovering and amplifying what already works. Used intentionally, solution-focused questions (SFQs) foster hope, respect, and collaboration. Families may feel overwhelmed by investigations or case plans. Shifting the conversation from "what went wrong?" to "what could go right?" can be powerful. SFQs encourage professionals to focus on strengths rather than deficits, collaboration rather than control, and the future rather than the past. They value the family as the expert on their own lives, with the social worker acting as a guide who helps them notice progress, define goals, and identify realistic next steps. Each solution-focused conversation is an opportunity to uncover resilience and capacity for change. By reframing dialogue in this way, workers can empower families to take ownership of their safety and well-being.

The solution-focused approach complements other Safety Organized Practice tools, such as harm and worry statements, safety planning, and the Three Houses, by keeping communication open and centered on shared problem-solving rather than compliance. Solution-focused questions are not a script or checklist—they are a mindset. These questions invite reflection, curiosity, and hope. They help families and workers co-create solutions rooted in the family's own experiences.

SFQs commonly used in child welfare practice include the following.

Exception questions help identify times when the problem is less severe or absent. For example, a worker might ask: "Can you tell me about a time recently when things felt calmer at home?" This type of question reminds families that positive moments already exist and can be replicated. Recognizing those exceptions builds confidence and helps both the worker and the family identify strategies that have worked before.

Scaling questions invite families to measure progress or confidence using a numeric scale. A worker might ask: "On a scale from one to ten—where ten means things are going really well, and one means they're not going well at all—where would you say things are today?" Then, ask a follow-up question such as: "What makes it a five and not a two?" This encourages reflection on existing progress and helps the family imagine small, achievable next steps. Scaling also makes abstract concepts such as safety or trust more concrete and measurable.

Coping questions recognize resilience and persistence, even in hard times. Asking, "How have you managed to get through this so far?" helps families see they are already using strategies and strengths to survive. This validation often reduces defensiveness and strengthens rapport.

Future-focused or miracle questions help families picture what life would look like if things improved. A worker might say: "Suppose you woke up tomorrow and everything was going the way you hoped—what would be the first sign that things

were better?" This kind of question clarifies the family's goals and creates a shared vision for success. When incorporated into daily casework, SFQ can transform how families experience the child welfare system.

During a CPS assessment, a social worker might use SFQs to build rapport with a parent who feels anxious about CPS involvement. The worker might begin by asking: "Tell me about a time when your household felt the calmest and routines were working well." The parent might respond: "Probably last summer, when we had a set schedule for chores and bedtime." The worker could then follow up with: "What was different then that helped things go more smoothly?" This conversation opens a path to identifying strengths and concrete strategies that can be built into a safety plan.

Solution-focused questions can also be powerful when working with adolescents, who often resist traditional, authority-driven discussions. A worker might ask: "If things were going better between you and your mom, what would that look like?" The youth could respond: "She wouldn't be yelling all the time." The worker might then follow up: "What might you do that could help that happen more often?" This small shift—asking about the youth's influence and desired outcome—helps create a sense of agency rather than blame.

Integrating solution-focused questions into daily practice takes time and consistent reinforcement. To help, supervisors can model using SFQs during one-on-one meetings with staff. For instance, a supervisor might ask: "On a scale from one to ten— where ten means very confident, and one means no confidence, how confident do you feel about leading safety planning conversations?" If a worker says, "Maybe a six," the supervisor might respond: "What makes it a six and not a three? What could help move it to a seven?" This not only encourages self-reflection but also reinforces the culture of continuous learning that Safety Organized Practice promotes.

Documentation practices—such as case notes, safety planning, and child and family team meeting case planning efforts—can reflect the same strengths-based thinking, ensuring the solution-focused approach is not limited to conversations but embedded in the full case process.

There are, of course, challenges. Workers may revert to problem-focused questioning when under pressure or when safety concerns feel urgent. Others may struggle to balance the need for accountability with the spirit of collaboration. These challenges can be addressed through regular reflection, coaching, and support from supervisors who model the approach themselves.

Over time, SFQs can become an instinctive part of how workers engage families and colleagues. When child welfare professionals consistently use solution-focused questions, they create opportunities for families to feel heard, capable, and hopeful. Instead of seeing child welfare involvement as purely investigative or punitive, families begin to view it as a process that recognizes their capacity to change.

This shift benefits workers as well. Conversations that focus on strengths and progress tend to

reduce tension, promote empathy, and improve morale. Workers report that using SFQs helps them stay grounded in curiosity and respect, even in difficult situations. The approach also aligns with the trauma-informed principles that guide North Carolina's practice model—helping professionals engage in ways that are empowering rather than retraumatizing.

Solution-focused questions may appear simple, but they are among the most effective tools available. By asking questions that highlight strengths, encourage reflection, and inspire small steps forward, workers help families move from crisis to competence. Ultimately, this approach transforms everyday casework into a shared effort toward safety and well-being.

In the words of one practitioner, "Solution-focused questions allow families to see their own progress— they leave conversations feeling capable, not defeated." That sense of capability and partnership is exactly what Safety Organized Practice strives to build in every interaction. When they use SFQs intentionally and consistently, North Carolina's child welfare professionals strengthen their ability to help families envision and achieve lasting change.

Using the Three Houses Tool

Of the many tools in the Safety Organized Practice (SOP) toolbox, one of the most useful—and novel—is the Three Houses tool. This visual, interactive tool helps child welfare professionals engage children and young people. Those in North Carolina and elsewhere who have used this tool say it can be a great way to build trust, gather information, and move a case forward.

The Tool

On one level, the Three Houses tool is straightforward. The worker asks the child to populate three houses: the House of Good Things, the House of Worries, and the House of Dreams. The idea is to use the visuals and questions to gain a deeper understanding of the child's perspective on these areas.

As the figure below shows, younger children can draw in each house while the worker writes down what they share. Drawing is also an option for older children and adults, but most prefer to write themselves.

Who to Use It With

While it is especially good at ensuring the voices of children are included in all aspects of the child protection process, the Three Houses can also be used with youth and young adults. Use this tool only with children old enough to talk.
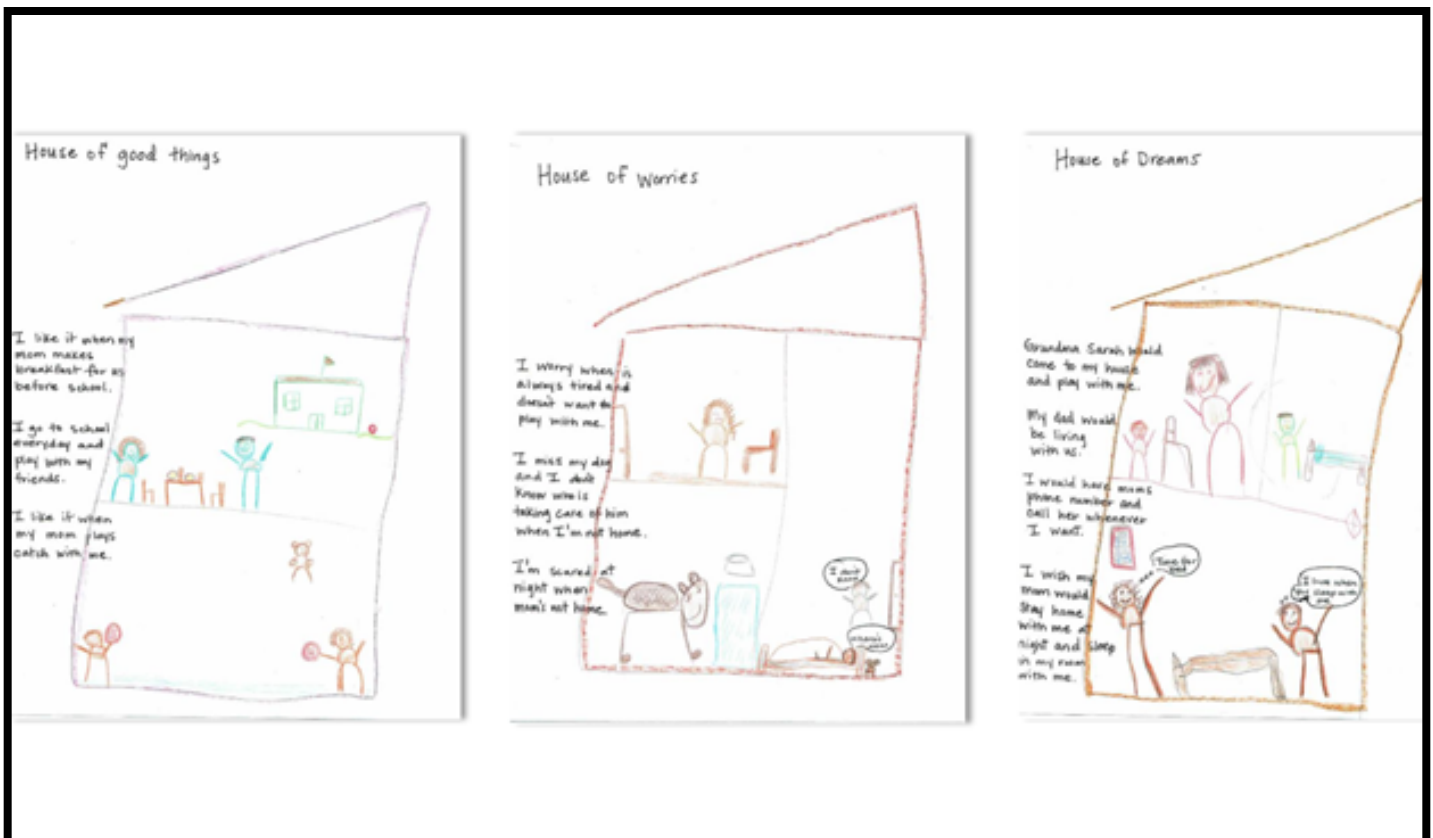
When to Use It

Do not use the Three Houses tool with all children. Use it only if you do not have the information you need, and/or if traditional interview techniques are not working.

The Three Houses tool is most helpful when applied within the investigative assessment or family assessment phase of child welfare work, but it can be useful at other times as well. For example, at the start of safety planning, to help keep the focus on the child's safety and during case planning and Child and Family Team meetings, or to inform safety or reunification decisions. Using Three Houses early on can also provide a kind of baseline: the tool can be used later in the case to see if there are changes in the child's perspective.

Kim Bailey

Examples of how the Three Houses can be useful at other stages of the child welfare process include:

- In-Home Services: To learn the child's perspective about their safety in their home.
- Foster Care: To gain insight into how the child feels and what they need to feel safe.
- Adoption: To assess how a child feels about

their pre-adoptive placement or current permanency plan.

- Case Closure: To help determine when a case should be closed.

10 Tips

Here are some things workers should keep in mind when using the Three Houses tool.

1. Practice with a colleague or friend before using it with a child or youth.
2. Have the needed materials—a template of the tool or paper on which to draw (one piece of paper per house) and crayons, colored pencils, and/or markers.
3. Decide how to introduce the tool. For example: "I'd like to do something called the Three Houses with you. We draw three houses together, and in those houses you can draw, or we can write down the things you are worried about, the things that are going well or good in your life, and the things you would like to happen in the future."
4. Explain how the information from the Three Houses will be used and with whom it will be shared; this models transparent communication and builds trust.
5. Let the young person choose which house to start with. Feel free to move between houses in a non-linear fashion based on what is shared.
6. Use follow-up questions or prompts to find out more, such as:
   - Tell me more about this part of the drawing.
   - Explain what is happening in this picture.
   - Describe what you see in this picture for me.
   - Explain what you mean by what you wrote in this house.
7. After each house has been explored, ask if there is anything else they would like to add to any of the houses.
8. As the session ends, acknowledge that what was shared was very important. If a child or youth would like to keep their Three Houses, consider any safety concerns that could arise and plan for them to get a copy later. If it is ok for them to keep it, take a picture for your records.

9. The Three Houses tool can be updated or redone over time. It can be very impactful for families to see things crossed off in the House of Worries, additions to the House of Good Things, and progress on the House of Hopes and Dreams.
10. Youth and young adults may prefer to fill out the Three Houses on their own and then share with you afterwards. Encourage them to include more about life outside of their homes, such as their peers, school, work, health, relationships, extracurricular activities, sexuality, and mental health. The information in the Three Houses can help support them in making safe and positive choices.

Sharing the Results

Seeing their child's Three Houses inspires some caretakers to partner with the agency and others to address the child's. However, carefully consider whether safety concerns might arise before sharing a child's Three Houses with someone. If there are concerns, consult with your supervisor before moving forward.

Caretakers who do see their child's Three Houses have a variety of reactions. Some become very motivated. Others, less so. Some even deny what their child has shared, no matter how compelling. "As frustrating as that can be, in terms of assessment, it is very useful" (NCDHHS, 2025).

To Learn More

To learn more about using the Three Houses tool, child welfare professionals in North Carolina can take the online course *The Child's Voice in Assessment and Planning* on NCSWlearn.org.

Three Houses Questions to Use with Teens and Youth Transitioning Out of Foster Care

Worries	Good Things	Hopes and Dreams
For Teens		
• What are your three biggest worries? • What is something you don't feel good about? • What thoughts or feelings are you aware of that lead you to get in trouble or do unsafe things? • Who is around when you get in trouble? • What makes things worse?	• Who is someone that matters to you? What would they say you are good at? • What does a good day look like to you? • What do you feel best about in your world right now? • Who in your world keeps you safe? • What thoughts or feelings do you have that keep you safe or help you feel ok?	• When you were a kid, what did you want to be when you grew up? • What would the person who matters to you most say you would be doing in the future that would make them proud? • What is one thing that would help with the bad things in your life? • If all your troubles were gone tomorrow, how would you know, and what would be happening instead?
For Youth Transitioning Out of Care		
• What are the top three challenges when you look ahead? • What are some things you feel unsure about? • Are there barriers you can see that might stop you from getting to where you want to be? • What stops you from getting what you want and where you want?	• What is going well in your life right now? • Who are the people in your life that know you well? What would they say is going well for you? • Which of these things do you want to make sure you continue in the future? • Who are the people who help support you when things are not going well? What do they do that is helpful?	• Imagine it's a year from now, and you are living the life you want to be living. What would that look like? What would be happening? • Who are the people that are important to you, and who do you want to be a part of your life in the future? • What could your social worker do to support you in creating the life you want for yourself?

Enhancing Child Welfare Visits Through Safety Organized Practice Tools

Quality visits are a fundamental component of effective child welfare practice. These visits serve as a critical opportunity to build trust, assess the child's safety and well-being, and foster positive relationships between you and caregivers, children, and youth. Engaging families in meaningful and consistent visits can lead to a better understanding of the family's needs, strengths, and challenges, which in turn informs tailored interventions around safety and case planning. For more information on the characteristics of quality visits and potential topics to assess during visits, see the box, "Quality Visits."

Safety Organized Practice (SOP) tools play a crucial role in empowering you to enhance the quality of your visits with families. Integrating these tools into visits helps facilitate better communication and engagement with families by promoting trust, transparency, and clarity about safety concerns and intervention strategies. They can help you create a more comprehensive understanding of each family's unique circumstances, thereby promoting safer,

more supportive environments for children and youth while strengthening family relationships.

To make visits more effective, use your critical thinking to identify a goal or two for the visit. There are a few questions to consider asking yourself before visits:

- How will I know if this visit is successful?
- What is needed to move the case forward?
- How does this visit align with the child/youth and/or family's priorities and concerns?
- Who do I need to talk with to effectively address the topic? Do I just need to check in with the child or youth, or are there others whose input would be helpful?

Once you have identified a goal for the visit and considered these questions, then you can decide which tools may be most useful (NCDHHS, 2023a).

As discussed in the article "Safety Organized Practice and North Carolina's Practice Model," there are a variety of SOP tools. Let us consider a few of these tools and how they can be used to enhance the quality of visits.

Safety Organized Practice Tools

Three-Column Mapping

"Caseworkers should ask these questions on every home visit and every time we meet with a caretaker, child, or collateral" (NCDHHS, 2025). For example, during a visit with a youth in care, if you asked the three questions, they might share the following:

What are you worried about?

"I am worried about feeling safe when I go back home. When my parents use drugs, sometimes they pass out, and I can't wake them up. I worry about my schoolwork, because I find it hard to concentrate when I know they are using, and I'm worried they are going to die. I am also concerned about my friends and whether I will be able to see them regularly now that I am in my foster home."

What's working well?

"Things are going well with my foster parents. They listen to me and try to help me feel comfortable. My school has been supportive, and I have one teacher who checks in on me. I continue to enjoy drawing and playing soccer, which helps me relax and allows me to see a few friends."

What needs to happen?

"I need more support to feel safe at home— for instance, someone to talk to about how I'm feeling. I'd like to see my parents more, but only if

Quality Visits Include:
- Assessing the safety and risk of the child/youth
- Assessing the child/youth's needs and services
- Progress on case goals (child/youth and/or birth parent)
- Time alone with the child/youth
- Assessing the birth parent or resource parents needs
- Assessing the relationship between the child/youth and caregiver (birth or resource parent)

Potential Topics to Assess on Visits:
- Safety and supervision
- Changes in household
- Relationships within the family (birth, foster, kinship)
- Cultural and ethnic considerations
- Availability and use of support
- Relationship with agency/worker
- Upcoming events (CFT, court)
- Child/youth behaviors and/or parenting skills
- Physical/mental health
- School
- Recreational activities
- Family Time (visits)
- Placement change/crisis

I know they are not using. I would like the school to understand that sometimes I have a hard time concentrating and could use more help with my homework."

Sometimes, youth don't feel comfortable talking to workers, so this framework can be a helpful way for them to share their worries, strengths, and needs.

Solution-Focused Questions

Solution-focused questions can be helpful to use within the three-column mapping questions or as you are engaging with families on initial or follow-up visits. For example, on an initial visit with a biological mother who left marks and bruises on her child, an **exception** question to ask might be, "Tell me about a time when your child wasn't minding you, and you didn't leave marks and bruises." This provides important information about whether the mother has other effective discipline methods.

Similarly, if you asked a **scaling** question on an initial visit with her child about how safe he felt living with his mother, with a 1 being completely unsafe and a 10 being completely safe, and he

shared he was at a 3, it would be important to ask this same question at each follow-up visit. The goal would be for his number to go up each time to indicate he is feeling safer. If that number were to go down, exploring with him what led to that number would be critical information to gather to assess and ensure safety.

Scaling Willingness, Capacity, and Confidence

Scaling willingness, capacity, and confidence with resource parents or kinship caregivers can be a useful tool for gathering more detailed information regarding topics such as how they feel about managing a child or youth's behavior.

For example, "on a scale of 1 to 10 with a 1 being completely unwilling and a 10 being completely willing, how willing are you to work with the child's behavior?"

"On a scale of 1 to 10, with a 1 being completely incapable and a 10 being completely capable, how capable do you feel managing the child's behavior? "

"On a scale of 1 to 10, with a 1 being not confident at all and a 10 being completely confident, how confident are you that the child's behavior is going to improve with the technique we discussed today?" (NCDHHS, 2023b).

The answers to these questions provide important information about managing a child or youth's behavior and whether the caregiver needs more support or strategies to help manage those behaviors.

Three Houses

The three houses tool can serve as a valuable visual and emotional aid to understand a child's perspective and concerns. For example, if you were on a visit with a five-year-old who witnessed domestic violence, the child may respond in the following way:

House of Worries

"My house of worries is full of dark clouds and scary shadows. I worry that someone will get hurt again or that the fighting will never stop. Sometimes, I worry that I am bad or that I did something wrong. The worries make me feel sad and scared inside."

House of Good Things

"My house of good things has my favorite teddy bear, my blanket, and my family pictures. I like it when my mom and dad smile at me and when I get hugs. Sometimes, I remember happy times when we played together or read stories. These good things make me feel warm and safe, even if I am worried."

House of Hopes and Dreams

"In my house of hopes and dreams, I wish that everyone is happy and that the fighting stops. I hope I can have a big hug from my family and that we can all be friends again. I want to feel safe and loved every day."

These responses illustrate how a young child might process complex emotions. It is important for caregivers and workers to listen carefully and provide support that helps the child feel secure and understood.

Conclusion

Safety-organized practice tools serve as essential resources. They allow child welfare workers to respond promptly to safety concerns, build stronger relationships with families through transparent communication, and make informed decisions. They help workers to conduct more effective, focused, and meaningful visits that ensure the caregiver and child/youth's voices are a part of planning, leading to better outcomes for children and families. As one parent shared regarding how SOP fosters engagement, "I learned how to build a connection, build a relationship, and build that communication to where it's productive and positive and putting the children's needs first" (UC Davis).

Implementing Safety Organized Practice Starts at the Top

In March 2025, NCDHHS DSS leaders met with SafeGenerations to plan the statewide implementation of Safety Organized Practice (SOP) in North Carolina. The group developed goals and action steps to implement and support consistent use of SOP tools and principles across all program areas and roles at both the state and county levels.

By the end of the meeting, the team identified four goals for the first year of implementation:

1. **Promote the Practice Model:** State employees will model using Three Column Mapping, scaling questions, and practice standards— during meetings, with progress measured through participant surveys.

2. **Establish Reflection and Observation Plans:** NCDHHS DSS and county leadership will have a clear, shared understanding of SOP reflection and observation processes.

3. **Use Data to Guide Practice:** Collect and analyze data to identify strengths and areas for improvement in applying SOP principles.
4. **Build Awareness:** Implement a communication plan to educate staff statewide about the practice model.

Implementing SOP at the state level demonstrates a unified approach and models "parallel process"—practicing skills and modeling values across all levels of the child welfare workforce. This approach strengthens the development of competencies and skills in workers, supervisors, and the larger organization, ultimately aiming to improve the safety of children, families, and communities across North Carolina.

SafeGenerations brings decades of experience in child welfare—from direct practice to executive-level consulting to support county-administered systems like North Carolina's. The team integrates strategic consulting, implementation support, and custom-built technology to help transform practice from the ground up. It supports state leaders and partners with counties in co-creating solutions that are both locally responsive and systemically aligned.

Progress Update

Kathy Stone, NCDHHS DSS Section Chief for Safety, and Andrea Robideau, Project Lead from Safe Generations, recently shared progress on the goals above. Implementation began with the launch of e-learning for SOP, which became available on NCSWLearn in June. These courses form the foundation of SOP and are now accessible to all child welfare staff. After completing the e-learnings, all county-facing child welfare staff at NCDHHS attended in-person training focused on applying SOP.

"The training was very well received," Stone noted. "One participant said it gave them hope that we're truly changing how we work with counties and within our own teams."

Robideau added that participants practiced SOP tools relevant to their roles and demonstrated their application. "Many said they could see immediate opportunities to use SOP in their work."

To prepare for further implementation in 2026, information sessions were held for regional directors and county leaders. Stone emphasized that while

change at this scale can be daunting, it does not have to be perfect: "Small steps matter. When leaders use SOP practices with supervisors, supervisors are more likely to use them with staff, and staff are more likely to use them with families—that's how lasting change happens."

State staff are applying SOP tools daily. For example, regional directors and specialists have used Three Column Mapping and scaling questions during county consultations to clarify challenges and work toward collaborative solutions. "These tools break complex problems into achievable steps," Stone explained.

Kathy Stone

Early Wins and Ongoing Challenges

Stone and Robideau see the biggest early success as "putting the 'social' back in social work and the humanity into human services." Robideau said she saw a shift in participants' mindsets over the course of the training. "People were enthusiastic about learning and excited to dig in and apply the skills. Because these tools allow us to connect in different ways, people feel their work is more meaningful. This will make the difference in implementing SOP amid many other pressures and challenges."

Stone added, "Leadership wants to keep SOP at the forefront of our work. We understand this is a process, and changing culture and shifting the way we think takes time and commitment."

Challenges remain, particularly the need to balance competing priorities and overcome the pressure many feel to have all the answers. "This is especially hard for leaders," Stone said, "because people look to them for the answer—to know what is right. SOP requires moving away from the 'expert model,' embracing critical thinking, and encouraging problem-solving differently. This can be scary because solving the problem for people can be faster and simpler, but slowing down to help others find the solution and supporting them to make changes themselves is what leads to lasting change."

Next for SOP

As SOP expands to counties, Stone and Robideau encourage leaders to use these tools in supervision. However, they note that supervisors often face

significant pressure and are already overwhelmed. "Supervisors are the catalyst for change," Robideau said. "But that pressure can make them default to giving answers instead of guiding reflection."

Stone added, "Supervision should help staff grow by supporting them to find their own solutions by developing critical thinking." She encourages supervisors to embrace the relational side of their role: "Ask yourself, how can I connect with this worker? How can I help them work through hard times in ways that support them going forward? Over time, that creates a stronger, more positive culture."

Stone also acknowledged that counties cannot do this alone. "State leadership has to model the same practices," she said. "When we come alongside counties implementing something new or navigating challenges, we focus on support and collaboration. We're all in this together, solving problems as partners."

Looking Ahead

NCDHHS DSS is developing two key initiatives:

1. **Questions That Make a Difference:** This workshop teaches how asking the right questions with humble curiosity fosters collaboration and critical thinking—both of which are essential for organizational and family-level solution-building.
2. **Structured Reflection Sessions:** State staff are piloting reflective sessions to review how SOP tools are used, discover where the principles of SOP are demonstrated in their everyday work, and strengthen practice.

SafeGenerations will also collect baseline data to track SOP application and measure growth over time.

NC Safety-Organized Practice Training Series:
- Behavior -Based Case Plans
- Collaborative Assessment and Planning Framework
- Family Strengths and Needs Assessment Overview
- Harm, Worry, and Goal Statements
- Introducing-Safety Organized Practice
- Introduction to the NC SDM Intake Assessment
- Introduction to the NC SDM Safety Assessment
- Provisional Harm and Worry Statements at Intake
- Safety and Support Networks
- Safety Planning - Partnering with Families for Child Safety
- Solution-Focused Questions
- Structured Decision-Making Risk Assessment Overview
- Structured Decision-Making Risk Assessment Overview
- Supervisor Role in SDM Implementation
- The Child's Voice in Assessment and Planning
- Three Questions and Three Column Mapping
- Understanding Safety Plans for Staff
- Understanding Safety Plans for Supervisors
- Using SDM to Serve Children and Families

Stone believes using SOP practices "helps people feel safe to discuss challenges and strengths and find their own path forward." Stone and Robideau emphasize that SOP is grounded in a solution-focused philosophy. SafeGenerations and the state are working to implement processes we can all use to draw out each other's wisdom and solutions so we can move forward together for the safety and well-being of the communities we serve.

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