

SAFETY ORGANIZED PRACTICE TOOL

Developed by:

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For the:

Northern California Training Academy, University of California, Davis

Date:

SAFETY ORGANIZED PRACTICE CASE REVIEW TOOL

CASE INFORMATION

Case Name:	Case Number:	Case Type: <input type="checkbox"/> ER, <input type="checkbox"/> FM, <input type="checkbox"/> FR, <input type="checkbox"/> PP
County:	Unit:	Worker Name:
Reviewer:	Review Date:	Supervisor Name:

CASE TIMELINE

Please fill in all that apply

Referral date	
Date of first face-to-face contact	
Date of initial safety decision	
Date of determination of placement	
Date of initial visitation plan	
Date of referral disposition	
Date of initial case plan	
Dates of case plan changes	
Date of reunification	
Date of case Closure	

ASSESSMENT INFORMATION

For each assessment completed, please fill in the applicable dates and outcomes.

SDM Safety Assessment Completed	Date(s): Initial Most Recent	Decision(s): Initial Most Recent
SDM Risk Assessment Completed? <input type="checkbox"/> yes <input type="checkbox"/> no	Date(s): Initial Most Recent	Risk Level Initial Most Recent
SDM Family Strengths and Needs Assessment Completed? <input type="checkbox"/> yes <input type="checkbox"/> no	Date(s): Initial Most Recent	Priority Needs: Initial Most Recent
CAT	Date(s) completed:	Safety Decision:

WORKER INTERVIEW

Before doing the case file reviews, conduct a brief interview with the worker. Ask the following questions:

1. How long have you been using the Safety Organized Practice model?									
2. On a scale of 1 to 10, with 1 being “beginner” and 10 being “expert”, how would you rate your current skill in using the Safety Organized Practice model?									
Beginner 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	Expert 10 <input type="checkbox"/>
3. What is working well for you in using the Safety Organized Practice model?									
4. What are your worries about using the Safety Organized Practice model?									
5. On a scale of 1 to 10, with 1 being “rarely” and 10 being “almost always”, how would you rate how frequently you use the Safety Organized Practice model with your cases?									
Rarely 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	Almost always 10 <input type="checkbox"/>
6. You gave yourself a (<i>insert number from question 5</i>) on the last question. How did you get to this number? What factors affect how often you use SOP with your cases?									
7. What are the next steps you plan to take in using the SOP model?									

Before closing the interview and beginning the file review, talk briefly with the caseworker about where information about Safety Organized Practice may be found in the case files. The purpose of this conversation is to ensure that you understand where information needed to make the ratings on the review tool is found and that information is not missed. Be sure you know:

<ul style="list-style-type: none"> • If they use solution focused questioning strategies, and if so, how these would be reflected in the case files,
<ul style="list-style-type: none"> • Where information may be found about worries, what’s working well and what needs to happen,
<ul style="list-style-type: none"> • Where safety network information is recorded,
<ul style="list-style-type: none"> • Where and how they note family strengths,
<ul style="list-style-type: none"> • Where to find statements of what the caregiver actions were, what the impact was on the child, and what child welfare professionals are worried could happen in the future.

- Where information may be found regarding safety plans (goals and required actions) .

CASE FILE REVIEW

This tool includes key elements of safety organized practice in 3 areas: *Engagement, Critical Thinking and Increased Safety*. To complete the case review tool you will need to examine computerized case records (e.g. in automated child welfare information systems such as CWS/CMS) and paper files. Some sources of information that may help you to make your ratings are listed at the beginning of each area.

Before completing the case review tool talk briefly with the caseworker about where information about Safety Organized Practice (SOP) may be found. Case information may be in more than one paper file depending on the case and the county. Different workers also may have different ways of documenting child, family, and safety network input in case notes.

Scales are provided for each SOP element that defines a progression of skill from a basic or “emergent” level through an advanced or “distinguished” level mirroring the framework used in California’s Practice Profiles. Scale points are defined generally as follows:

- **Emergent practice**- There is evidence in the case files that the worker has begun to use the practice or tool; that “it’s there”.
- **Accomplished practice**-There is evidence that the worker has begun to use the element to communicate with others involved with the case and to build shared understanding and agreement among the parties; “it’s shared”.
- **Distinguished practice**- There is evidence that the element is integrated into the worker’s practice as a way of doing business; “it’s integrated”.

When assigning a rating, assume that higher levels include and build on what is described in lower levels. For example, “Accomplished Practice includes everything described under “Emergent Practice” plus what is described for “Accomplished Practice”.

Under each element, there is also a space for comments. Please use this space to note examples of the evidence you used to make the rating and any comments or suggestions you have for moving practice toward higher levels.

AREA 1 ENGAGEMENT

For each element select “1”, “2” or “3” in the column labeled “Rating” using the descriptions provided. Some possible sources for this information include, but aren’t limited to: *Court reports, Investigation Narratives, “Chronos”/case notes, staffing notes, products like Three Houses, Words and Pictures, and/or Safety House.* When giving a rating, note examples of the evidence you used to make the rating and any comments or suggestions for moving practice toward higher levels in the space below each element.

ELEMENT/DEFINITION	RATING SCALE DESCRIPTIONS		
Solution focused questioning strategy	1 “Emergent Practice” Documentation that 3 questions have been asked to guide discussion in the safety assessment and safety planning process: <ol style="list-style-type: none"> 1. What are we worried about? 2. What’s working well? 3. What needs to happen next? 	2 “Accomplished Practice” Documentation that the 3 questions, EARS and/or solution focused questions have been used to solicit different perspectives and build shared understanding and agreement among participants in the safety assessment and safety planning process (e.g. scaling questions to test for feelings about proposed actions among all participants in Safety meeting.	3 “Distinguished Practice” Documentation that 3 questions, EARS, and/or solution focused questions have been used to foster collaborative planning and action throughout the case (e.g. during case planning, and case plan reviews, visitation, etc.).
<i>Rating:</i> 1: Emergent Practice	<i>Examples/Comments:</i>		
Input from child/youth	1 “Emergent Practice” Three Houses, Words and Pictures, or Safety House (or similar) tools are completed and present in the file.	2 “Accomplished Practice” Documentation is present that child’s input has been shared with family, safety network and other relevant professionals/providers to build a common understanding around harm and what needs to happen next.	3 “Distinguished Practice” Child’s input and preferences are considered in making decisions whenever possible at all applicable points throughout the case.
<i>Rating:</i> 1: Emergent Practice	<i>Examples/Comments:</i>		
Input from family	1 “Emergent Practice” Safety Map, three houses, fairy wizard, words and pictures, “future house”, Dream	2 “Accomplished Practice” Documentation is present that family’s input has been solicited and shared with	3 “Distinguished Practice” Evidence that the worker promoted a collaborative working relationship with the

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	catcher tool for Native American families or similar tools are completed and present in the file.	safety network and relevant professionals/providers to build a common understanding around harm and what needs to happen next.	family in which in which individual contexts, perspectives, and differences of opinion were considered in decision making and planning (e.g. choices offered, parent’s suggestions for safety plan action steps accepted when appropriate, etc.)
<i>Rating:</i> 1: Emergent Practice	<i>Examples/Comments:</i>		
Input from Others	1 “Emergent Practice” Input from extended family, friends, professionals and others is collected and documented on Safety Map/Safety Plan.	2 “Accomplished Practice” Documentation is present that input from extended family, friends, professionals and others has been shared with the safety network and relevant professionals/providers to build a common understanding around harm and what needs to happen next.	3 “Distinguished Practice” Evidence that the worker promoted a collaborative working relationship with extended family, friends, professionals and others in which in which individual contexts, perspectives, and differences of opinion were considered in decision making and planning. (e.g. choices offered, suggestions for safety plan action steps accepted when appropriate, etc.)
<i>Rating:</i> 1: Emergent Practice	<i>Examples/Comments:</i>		

AREA 2 CRITICAL THINKING

For each element select “1”, “2” or “3” in the column labeled “Rating Assigned” using the descriptions provided. Some possible sources for this information include, but aren’t limited to: *Investigation narrative, Safety Map, Case plan reviews, Team meeting summaries, “Chronos”/case notes, staffing notes, Court reports, SDM protective capacities, SDM risk, FSNA parts A and B.* Note examples of the evidence you used to make the rating and any comments or suggestions for moving practice toward higher levels in the space below each element.

ELEMENT/DEFINITION	RATING SCALE DESCRIPTIONS		
Organization of assessment information	1 “Emergent Practice” A Safety Map is present in file that organizes information about danger and safety into 3 categories: 1. What are we worried about? 2. What’s working well? 3. What needs to happen?	2 “Accomplished Practice” Evidence of use of 3 question framework and/or Safety Map to organize and share information with families (including children), the Safety Network, and relevant professionals, such as supervisors.	3 “Distinguished Practice” There is evidence of alignment between the 3 question framework and other casework activities and tools (e.g. SDM or CAT tools, court reports, case plans, case conferences/staffings, etc.)
<i>Rating:</i> 1: Emergent Practice	<i>Examples/Comments:</i>		
Balanced assessment information	1 “Emergent Practice” Strengths are noted on the Safety Map along with risks/safety concerns and complicating factors.	2 “Accomplished Practice” Safety map distinguishes between harm vs. complicating factors, safety vs. strengths to communicate clear statements about the danger and the family’s protective capacities.	3 “Distinguished Practice” There is alignment between the Safety Map and other assessment findings (e.g. from SDM protective capacities, risk, safety, CAT, and FSNA tools.)
<i>Rating:</i> 1: Emergent Practice	<i>Examples/Comments:</i>		

AREA 3 INCREASED SAFETY

For each element select “1”, “2” or “3” in the column labeled “Rating Assigned” using the descriptions provided. Some possible sources for this information include, but aren’t limited to: *Safety Map, Safety Plan Case plan reviews, Safety Circle Tool, Team meeting summaries, Court reports, SDM or CAT tools*. Note examples of the evidence you used to make the rating and any comments or suggestions for moving practice toward higher levels in the space below each element.

ELEMENT/DEFINITION	RATING SCALE DESCRIPTIONS		
Safety network	1 “Emergent Practice” Evidence (e.g. Safety Mapping, a Safety Circles Tool or Team meeting participant list) that a Safety Network has been formed with agreement from its members to support the Safety Plan.	2 “Accomplished Practice” Evidence of regular two-way communication and information sharing between the caseworker and the Safety Network in support of the safety plan.	3 “Distinguished Practice” Evidence of shared responsibility for planning, implementation and monitoring of safety between the caseworker and safety network at relevant points throughout the case.
<i>Rating:</i> 1: Emergent Practice	<i>Examples/Comments:</i>		
Safety Map: Harm and Danger Statement	1 “Emergent Practice” Safety map has Harm and Danger statements that include: 1) What the caregiver actions were, 2) What the impact was on the child, and 3) What child welfare professionals are worried could happen in the future.	2 “Accomplished Practice” Harm and Danger statements describe the harm, safety threats and worries to the family, their network and other professionals in specific, behavioral terms using everyday language, to promote a clear understanding of why CPS is involved with the child and family.	3 “Distinguished Practice” Harm and Danger statements align with other assessment information, safety plans, visitation plans, case plan goals and services, court reports, etc.
<i>Rating:</i> 1: Emergent Practice	<i>Examples/Comments:</i>		
Safety Plan: Goals	1 “Emergent Practice” Safety Plan contains goals that clearly relate to and mitigate the Danger Statement	2 “Accomplished Practice” Safety Plan goals have been communicated to the family, the child (if appropriate), the Safety Network,	3 “Distinguished Practice” Safety Plan goals align with other relevant assessment and planning tools (e.g. SDM Safety and Risk Assessment Tools, FSNA,

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		and relevant professionals and efforts have been made to build shared understanding and agreement.	goals and objectives specified in the Case Plan, visitation schedules, etc.)
<i>Rating:</i> 1: Emergent Practice			
Safety Plan: Action Steps	1 “Emergent Practice” Action steps are specified that relate to Safety Plan goals.	2 “Accomplished Practice” Actions steps adequately describe what is expected of all participants to keep the child safe. Actions are described as behaviors not as services and in clear everyday language, timeframes are specified, and mechanisms for monitoring/feedback are in place.	3 “Distinguished Practice” Action steps align with service objectives in case plans and case plan reviews and adequately reflect the family’s current circumstances and on-going development of the Safety Network. Plans are made with the Safety Network for any major transitions (e.g. unsupervised visitation, case closure and/or significant changes in the circumstances of the family).
<i>Rating:</i> 1: Emergent Practice	<i>Examples/Comments:</i>		