**California**

**SAFETY-ORGANIZED PRACTICE/Structured decision making® system  
Safety planning CQI Tool**

**Reviewer:**

**Case Name:**        **Referral #:**

**Worker:**        **Supervisor:**

**Review Date:**        **Reviewer:**

**Methodology:** Review the Structured Decision Making® (SDM) Safety Assessment, the immediate safety plan, and applicable case notes and documents, and assess their alignment with California safety planning guidelines and best-practice standards.

**Goal:** This continuous quality improvement (CQI) tool allows supervisors to review and provide balanced feedback on areas of accomplishment and areas for development within safety planning practice. CQI tools may be used to support live consultation and strengthening of safety plans while in the field, or to review established plans to identify opportunities to increase safety for families and improve agencywide safety planning practice. Practice trends observed across units can provide critical information related to agency needs and infrastructure, and they should be used not only to strengthen individual worker practice but also to support planning for targeted system improvements.

**A. SDM® SAFETY ASSESSMENT REVIEW**

**Date of First Contact:**       **Date of Assessment:**      

**Assessment Type:**  Initial  Review/update  Referral/case closing

**Household Name:**      

**Were There Allegations in This Household?**  Yes  No

**Is there any information that indicates that a child in the household is, or may be, an Indian child?**

Yes, child is an Indian child  Yes, reason to know  Yes, reason to believe  No

**If the child is an Indian child or there is reason to know the child is an Indian child, were tribal social workers or representative(s) consulted during the information gathering and safety assessment process?**

Yes  No, attempt was made  No, no attempt was made  N/A

**Identified Safety Threats:**

|  |  |  |
| --- | --- | --- |
| 1. Physical harm/threat  2. Sexual abuse  3. Immediate needs not met | 4. Hazardous living conditions  5. Child is danger to self/others  6. Failure to protect | 7. Questionable explanation  8. Refuses access/may flee  9. Domestic violence |

10. Other:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safety Decision:**

Safe  Safe with plan  Unsafe

1. Intervention by worker  10. Voluntary placement

2. Use of community members  11. Protective custody

3. Use of community agencies

4. Use of tribal resources

5. Have the caregiver appropriately protect

6. Have the alleged perpetrator leave the home

7. Move to a safe environment

8. Legal action

9. Other (specify):

**B. SAFETY PLAN REVIEW**

**Date of Plan:**       **Planned Review Date:**      

**Instructions:** Review the following areas related to the immediate safety plan and assess achievement in each practice area.

| **Area** | **Achieved?** | **Comments** |
| --- | --- | --- |
| **Safety Plan Document** | |  |
| The plan identifies the specific SDM® safety threats present. | Yes  No |
| The plan includes a simple statement of the specific caregiver actions or inactions causing concern for impact on the child now and in the future. | Yes  No |
| The plan includes at least one member from the safety and support network. | Yes  No |
| Action steps support an immediate change in the care environment and are sufficient to immediately protect against the danger. | Yes  No |
| Action steps are clear and specific, including who, what, and when. | Yes  No |
| Plan language avoids jargon such as “domestic violence” or “inadequate supervision” and provides behavior specific details. | Yes  No |
| The plan is time-limited and indicates a *maximum* of 30 days before review. | Yes  No |
| A clear plan for monitoring includes how the safety plan will be reviewed and what should happen if it is not working. | Yes  No |
| The plan includes signatures of at least one legal caregiver, one person from the network, and an agency representative. | Yes  No |
| Was the tribe(s) in agreement with the final safety decision? | Yes  No  N/A |
| **Safety Plan Development** | |  |
| The process and urgency of safety planning were explained clearly to the family to support active participation and network development. | Yes  No  Insf |
| Action steps were co-created with the caregiver. | Yes  No  Insf |
| The plan was explained clearly to all involved members, including the child and the alleged perpetrator when appropriate. | Yes  No  Insf |
| With the social work supervisor’s support, the plan was strengthened or approved while in the field. | Yes  No |
| **Safety Plan Monitoring and Review** | |  |
| The worker engaged with the family and network to review the plan, including how it is monitored and its time limit. | Yes  No  Insf |
| A facilitated meeting, such as a Child and Family Team Meeting or Team Decision Making, was used during the service period to develop, strengthen, or review the plan. | Yes  No |
| If a child was removed during the investigation, concerted efforts to develop, revise, or strengthen the plan to prevent removal were exhausted. | Yes  No  N/A |

|  |  |  |
| --- | --- | --- |
| **Areas of Accomplishment** | **Areas of Development** | **Next Steps** |
|  |  |  |

**C. SOCIAL WORKER PRACTICES**

**Quality of Harm and Danger or Worry Statements**

Is a harm statement documented in the investigation narrative or safety plan?  Yes  No

Is a danger or worry statement documented in the investigation narrative or safety plan?  Yes  No

Consider the following when completing the scale.

* Links to SDM safety threats selected
* Written in family-friendly language (i.e., no jargon)
* Behavior specific
* Clearly states impact to child
* Evidence that statements were shared with family and network

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Scale for Worker/Yourself** | | | | | |
| **Emerging\*** | | **Acquired†** | | **Accomplished‡** | |
| **1** | **2** | **3** | **4** | **5** | **6** |
| Comments: | | | | | |

\* Rarely or inconsistently demonstrates the practice behaviors or requires significant supervisor direction/support to use them.

† Often demonstrates the practice behaviors, with some or minimal direction from supervisor.

‡ Consistently demonstrates the practice behaviors as standard practice in virtually all referral/case circumstances, using independent critical thinking skills.

**Use of Core Practice Model Skills and Solution-Focused Questions**

Consider the following when completing the scale.

* Uses solution-focused questions to support assessment and planning process
* Orients family to the purpose and process of safety planning
* Identifies and engages family members and others who are important to the child/family to build a network that can be engaged in safety planning
* Shares harm and danger statements with family and network members

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Scale for Worker/Yourself** | | | | | |
| **Emerging\*** | | **Acquired†** | | **Accomplished‡** | |
| **1** | **2** | **3** | **4** | **5** | **6** |
| Comments: | | | | | |

\* Rarely or inconsistently demonstrates the practice behaviors or requires significant supervisor direction/support to use them.

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**Strategies to Support Practice Developments:**

|  |
| --- |
|  |