**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:      |

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**Strategies to Support Practice Developments:**

|  |
| --- |
|       |