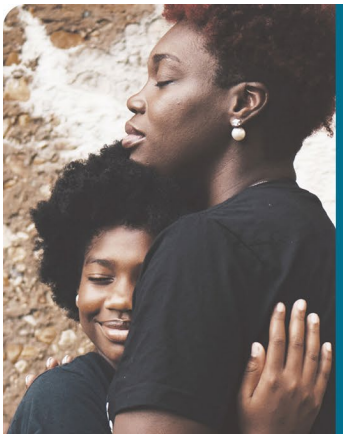
EVIDENT CHANGE
Inform Systems. Transform Lives.

PARTICIPANT GUIDE

SDM® California Advanced Supervisor Training

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

February 2026



ABOUT EVIDENT CHANGE

Evident Change is a nonprofit that uses data and research to improve our social systems. For more information, call (800) 306-6223 or visit EvidentChange.org. You can also find us on social media by visiting Linktr.ee/EvidentChange.

CONTENTS

AGENDA

Time	Section	Main Points
DAY 1		
	Welcome	• Develop shared expectations to: » Invite all voices into the room; » Recognize and respect all perspectives; » Make necessary adjustments to ensure strong communication and a culture of shared ownership of the learning experience. • Model this as a parallel process when working with staff and families.
	Structured Decision Making® (SDM) System Overview	• Review core values, concepts and research support of the SDM® system. • Establish baseline SDM knowledge that allows for supervision of the practice. • Provide rationale for using decision theory to inform and create a logic flow for casework decisions. • Supervisors develop their own voice and ability to communicate the value of supported decision making.
	Supervision and the SDM System	• Discuss experiences and ideas for creating a learning culture where staff are supported in evolving from new practice to proficient and integrated practice. • Examine the various roles supervisors play and how to bring intention to the roles to provide various types of supervision. • Identify strategies supervisors may use to make connections to good SDM practice in a supervisory context. • Provide guidelines for supervisor's role in reviewing SDM assessments.
	SDM Tool Refresh: SDM Hotline Tools	• Review the decisions addressed by the hotline tools. » Screening decision » Response time • Discuss the use of overrides to minimize mistakes and establish best use. • Summarize the importance of item definitions. • Using the examples provided, practice using the definitions to make the hotline screening decision. • Using the examples provided, practice using the definitions to make the response priority decision. Activity: Sal and Siblings vignettes
	Supervision Skill: Engagement and Interviewing Strategies	• Review key strategies for interviewing reporters. • Discuss the benefits of the caregiver + behavior + impact on the child (C + B + I) framework as a tool to gather relevant and necessary information from the reporter. • Explore the use of the interview ladder for gathering information at the hotline. • Explore the use of the Open, Narrow, Close dialogue format for gathering information at the hotline. Activity: Police Officer Example and Therapist Example slide notes

Time	Section	Main Points
	SDM Tool Refresh: Safety Assessment	• Review the logic flow and decisions addressed by the SDM safety assessment tool. • Summarize safety assessment policy and procedures. • Examine the definitions for understanding of safety thresholds. • Identify and discuss supervisory considerations specific to the safety assessment. » "Other" item » Individual variation of threshold understanding » Safety planning efficacy » Difference between safety and risk
	Supervision Skill: Developing a Rigorous and Balanced Assessment to Plan for Safety	• Explain the definition of safety and its use in tool completion. • Using C + B + I to develop focus. • Distinguish between the purposes of a safety plan and a case plan. • The Three Questions: developing rigor and balance in your assessment • Introduce the scale as a method for assessing plan efficacy. Activities: Small-group Three Questions case review; demonstrate Eliciting, Amplifying, Reflecting, Start Over (EARS) and pair and interview each other about a concern using EARS.
	SDM Tool Refresh: SDM Risk Assessment	• Review the logic flow and decisions addressed by the risk assessment tool. • Explain the difference between safety and risk and its application to casework. • Summarize risk assessment policy and procedures. • Discuss the use of overrides to minimize mistakes and establish best use. • Practice communicating the difference between safety and risk to staff Activity Modeling this distinction to communicate with families: Talking With Families About Risk
	Supervision Skill: Planning for Targeted Intervention	• Expand understanding of the Three Questions to the case consult structure to assist in case planning. » Solution-focused inquiry » Safety and services » Developing and using networks • Explain the Dimensions of Success facilitation framework. • Apply the Dimensions of Success framework to the case consult structure to improve planning.
	SDM Tool Refresh: Reunification Assessment	• Review the logic flow and decisions addressed by the SDM reunification assessment tool. • Summarize reunification assessment policy and procedures. • Outline the specific components of the reunification assessment and the impact on decision making. » Safety assessment » Case plan progress » Parent–child interactions » Recommendation guidelines » Alternative recommendation

Time	Section	Main Points
	Supervision Skill: Documentation and Progress Monitoring	• Identify key items to assess at each contact to inform the reunification assessment. • Demonstrate documentation options to support reunification decision. Include documentation for all sections of the tool using scales, C + B + I, and the Three Questions.
	SDM Tool Refresh: SDM Risk Reassessment	• Review the logic flow and decision addressed by the SDM risk reassessment tool. • Summarize risk reassessment policy and procedures. • Identify expectations of safety review at case closure.
	Supervision Skill: Goal-Setting and Behavior Change Management	• Increase the use of case reviews through review of the benefits and discussion of common errors. • Introduce coaching strategies as a parallel skill for staff to use with families. » Technical problems and adaptive challenges » Goal-setting strategies including scaling and documentation of behavior-specific actions and plans.
	Supervisors: Key to Success	Summarize facilitative supervision skills. <u>Activity</u> • Participants conduct self-assessment. • Rate current competence/confidence/capacity for each category. • Identify top three growth areas. • Choose one to set a goal about by identifying behavior-specific action steps.

SDM® ASSESSMENTS ADVANCED TRAINING FOR SUPERVISORS: DAY 1

1

WELCOME AND INTRODUCTIONS

2

AGENDA

- Shared Agreements
- Structured Decision Making® (SDM) System Overview
- Day 1: Supervision and the SDM System and Safety or Hotline
- Day 2: Risk
- Reunification Assessment and Risk Reassessment
- System Change and Next Steps

3

STEPPING INTO SHARED AGREEMENTS

- Slow Down
- Learning Culture
- Both/And
- Give and Take Space
- Confidentiality
- Must Be Present to Win

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HOW DO YOU EXPLAIN THE SDM SYSTEM TO YOUR WORKERS?

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HOW WOULD YOU LISTEN TO SOMEONE WHO DISLIKES USING THE SDM SYSTEM?

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THE PROBLEM THE SDM SYSTEM IS TRYING TO SOLVE

The Transformative Ideas of Daniel Kahneman

[redacted]

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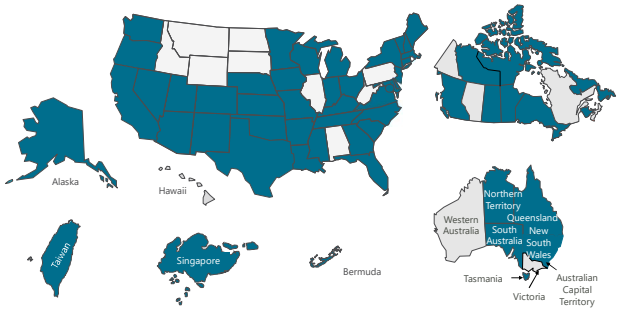

Jurisdictions where the SDM model has been implemented (in whole or in part)

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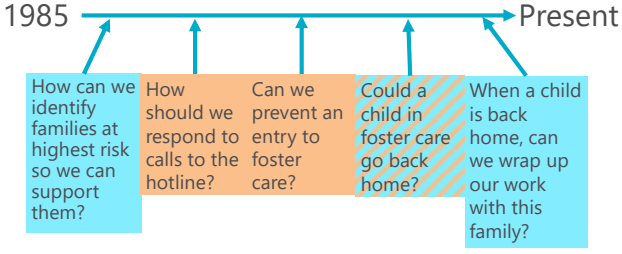
WHAT IS THE CONTEXT OF THE CURRENT SDM SYSTEM?



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PRINCIPLES OF THE SDM SYSTEM

Validity

Equity

Utility

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ASSESSMENT DESIGN

Evident Change and the jurisdiction's Core Team review research and statutes relevant to the decision point.

Evident Change offers examples and structure; the Core Team works with Evident Change to create and revise items and definitions.

Jurisdiction leadership reviews, amends, and approves the assessments. Evident Change produces a finalized assessment and delivers it to the jurisdiction.

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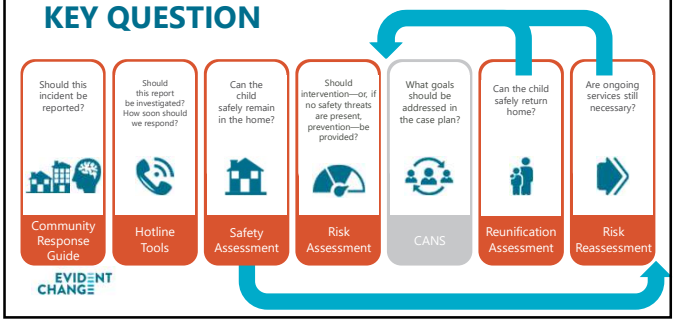
EACH DECISION POINT RELATES TO A KEY QUESTION



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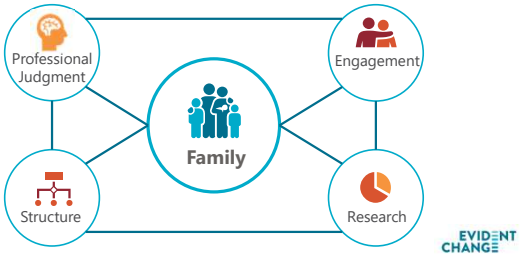
THE SDM SYSTEM: A COMPREHENSIVE FRAMEWORK



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CHILD WELFARE AND COGNITIVE ERRORS

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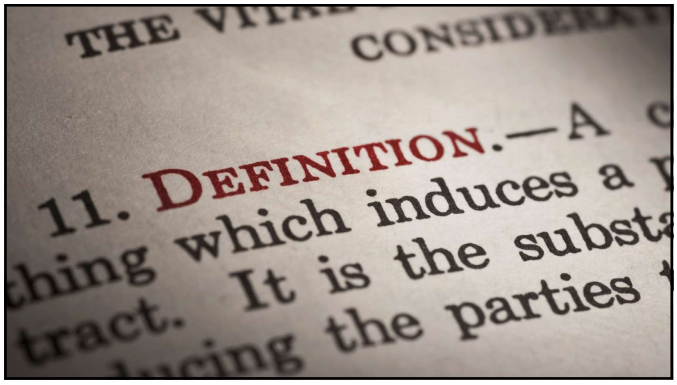

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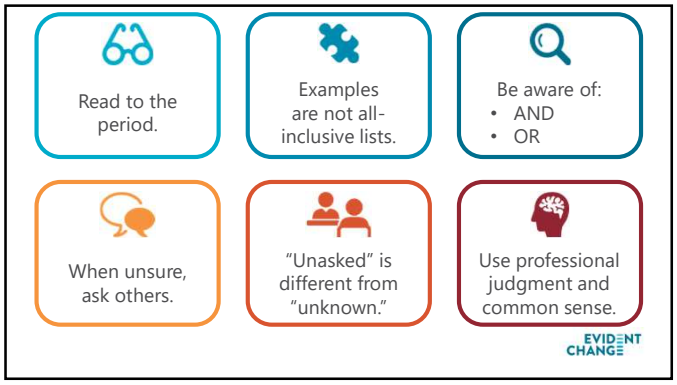
Read to the period.
Examples are not all-inclusive lists.
Be aware of:
• AND
• OR
When unsure, ask others.
"Unasked" is different from "unknown."
Use professional judgment and common sense.
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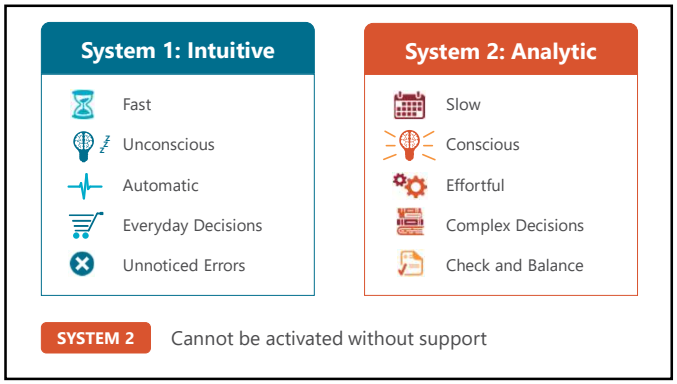
System 1: Intuitive
Fast
Unconscious
Automatic
Everyday Decisions
Unnoticed Errors
System 2: Analytic
Slow
Conscious
Effortful
Complex Decisions
Check and Balance
SYSTEM 2
Cannot be activated without support

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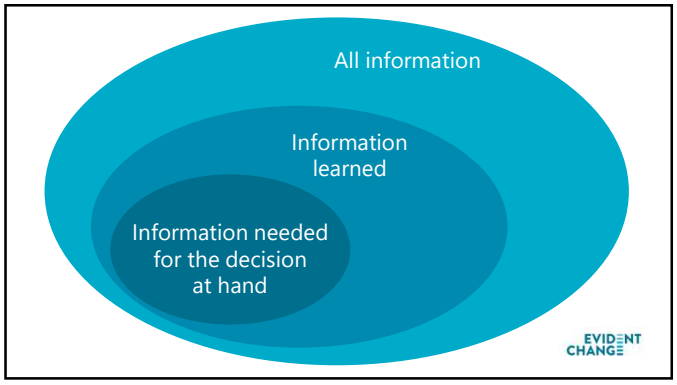
All information
Information learned
Information needed for the decision at hand
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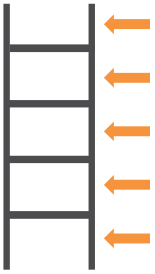
LADDER OF INFERENCE

Open-ended questions will often start with answers about conclusion.

Follow-up questions about details will move the conversation down the ladder and help narrow down to specific items.

Asking "what's working well?" will draw attention to other information about the family.



I act based on those conclusions.

I draw conclusions about the situation.

I view the data through my unique assumptions.

I select out particular data to consider.

All observable data in a particular situation.

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LADDER OF INFERENCE

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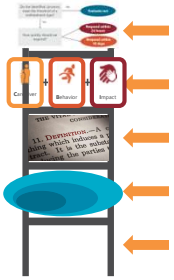

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I select out particular data to consider.

All observable data in a particular situation.

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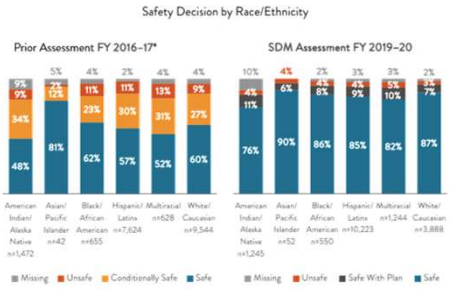
MEDIUM-SIZED STATE IN UNITED STATES



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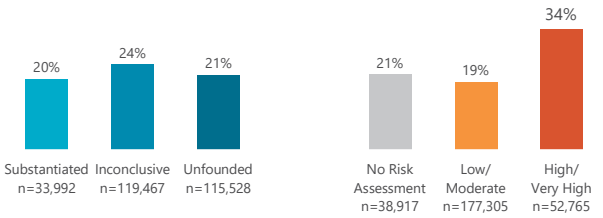
IS THE RISK ASSESSMENT VALID?

IT IS A BETTER INDICATOR OF FUTURE SYSTEM INVOLVEMENT THAN ALLEGATION CONCLUSIONS ARE.



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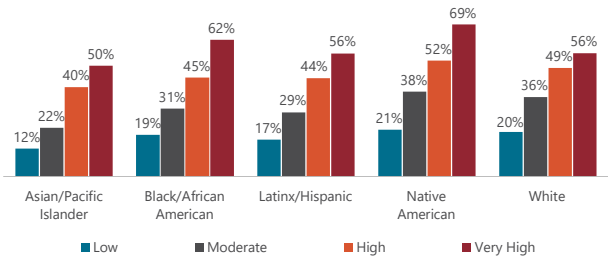
HOW DO WE KNOW IT IS EQUITABLE, AND WHAT SHORTCOMINGS DO WE NOTICE?



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SAFETY THREAT RISK

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INFORMING SERVICES WITH THE SAFETY AND RISK ASSESSMENTS

	Safe	Safe With Plan	Unsafe
Low/ Moderate Risk	*Do we even need to be involved?*	*Is the plan working to resolve the threat?*	*Is a quick return possible?*
High/Very High Risk	*What prevention services would be useful?*	*How long do we need to see the plan work?*	*What behavior change are we seeing in the caregiver?*

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2024 DISTRIBUTION IN CALIFORNIA

	Safe	Safe With Plan	Unsafe
Low/ Moderate Risk	89,685 (70%)	4,758 (4%)	1,161 (1%)
High/ Very High Risk	23,382 (18%)	3,903 (3%)	5,720 (4%)

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MICHIGAN REUNIFICATION ASSESSMENT STUDY (2005)

- Nine pilot counties implementing SDM reunification assessment
- Nine control counties continuing with traditional case management practice
- Followed reunification and permanency outcomes for 15 months

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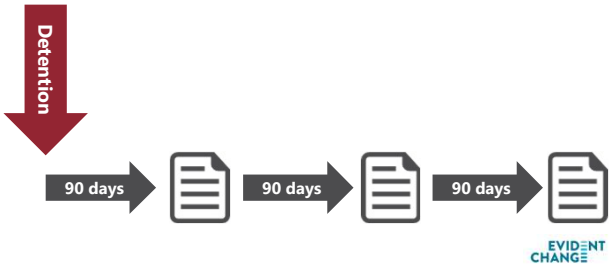
STRATEGY IN PILOT COUNTIES



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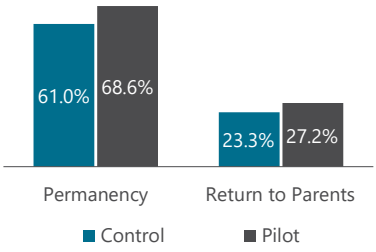
RESULTS



Pilot counties made improvements over the control counties.

- 12.5% more likely to achieve any form of permanency
- 16.7% more likely to return home

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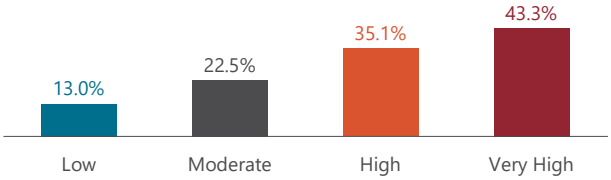
IS THE RISK REASSESSMENT VALID?

Families With Another Investigation Within Nine Months After a Risk Reassessment



N = 5,259 families investigated July 2010 – June 2011

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TAKE 2: HOW DO YOU EXPLAIN THE SDM SYSTEM TO YOUR WORKERS?

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SUPERVISORS ARE KEY TO SDM SUCCESS

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KEY THEMES OF SUPERVISING SDM PRACTICE

- SDM assessments are a prompt for practice.
- Assessment/case review supports accuracy.
- "Voice" of the SDM system helps in case consultation and decision making.

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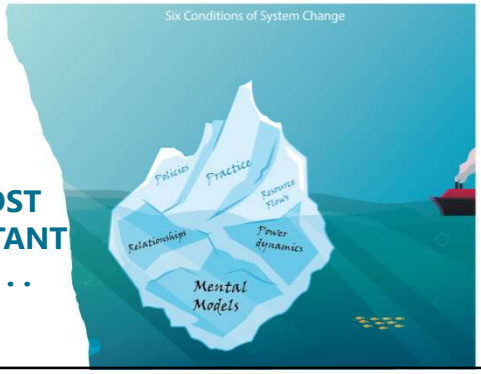
THE MOST IMPORTANT WORK . . .



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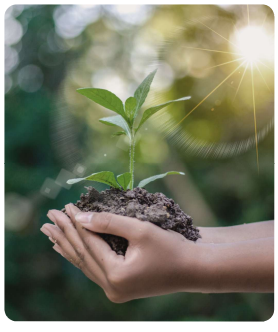

CREATE A LEARNING ORGANIZATION

A place to:

- Think;
- Learn;
- Reflect;
- Collaborate;
- Offer support; and
- Grow.

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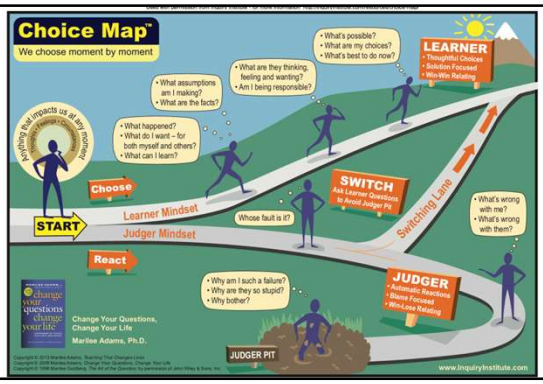

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FOUR FUNCTIONS OF SUPERVISION

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TYPES OF SUPERVISION

On the Run

One on One

Group

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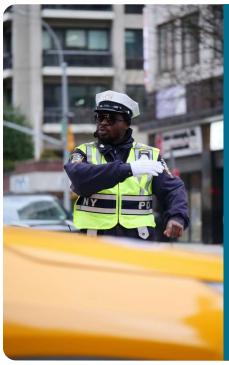

COMMON MISTAKES

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FIVE-STEP CONSULTATION MODEL

- Elicit Thinking
- Focus on the Decision Point
- Discuss the Three Questions
- Compare Facts to Definitions
- Agree on Next Steps

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ONE ON ONE

Supervisor Prep

- How accurate have completed SDM assessments been?
- What are strengths?
- Areas to improve?

Worker Prep

- What have I done well?
- Where do I struggle?
- What do I need to succeed in my role?

Dialogue

- Discuss case reading results
- Positive feedback
- More comprehensive case consultation
- Plan for professional development

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SAFEMEASURES®

More than 35 reports related to SDM assessment completion and results (as of 2025)

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GROUP SUPERVISION

Case Reading

Struggles with gathering information about a topic or item

Supervisor Recognition

How are some workers successful at this? What is their approach?

Dialogue

- Review definitions, possible screening criteria
- Discuss interview approaches

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FOSTERING LEARNING

	Low Standards	Standards
High Psychological Safety	Comfort Zone	Learning and High-Performance Zone
Low Psychological Safety	Apathy Zone	Anxiety Zone

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NEEDS AND SOLUTIONS

NEEDS

- Trust
- Compassion
- **Stability**
- Hope

From: Gallup Research 2005–2008; 11,000 respondents (Rath & Conchie, 2008)

SOLUTIONS

- *The Science of Trust* skills
- Reflective supervision
- **Values, the SDM system, and Safety-Organized Practice (SOP)**
- Solution-focused coaching

The Science of Trust, John Gottman, 2011

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HOW DO I . . .

Create a learning culture?

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STRENGTHEN PRACTICE WITH CASE READING PROCESS

- Focus conversation on key questions of the decision point and assessment structure.
- Elicit worker's thinking related to the proposed course of action.
- Ask questions that elicit facts related to definitions.
- Make agreements about additional information needed, conversation, and follow-up steps.

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BEFORE YOU FREAK OUT . . .

Case reading should be:

a. A small sample (one random selection per worker per month)
b. A small slice of the work (from event *x* to event *y* only)

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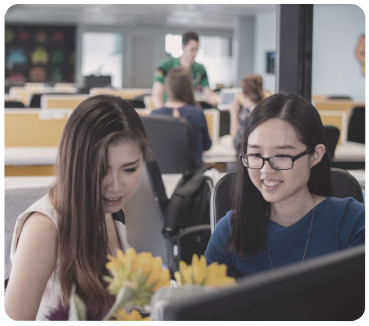

SDM CASE REVIEW

- Policy, procedures, and practice standards are met
- Action steps, impact of decisions
- Critical thinking reflected
- Engagement and interviewing skills reflected

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REINFORCE COMPLETION GUIDELINES

- Policy and procedures
- Completion instructions

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COMMON ERRORS

- Assessment was incomplete.
- Documentation is missing.
- Narrative does not support assessment outcomes.
- Results are not discussed with families.

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HOTLINE TOOLS

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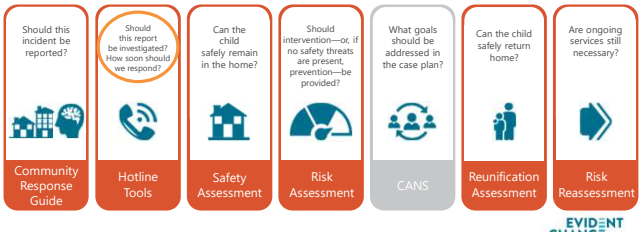
THE FIRST KEY QUESTIONS



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HOTLINE TOOLS POLICY AND PROCEDURES

Which Cases?	All referrals that are created in CWS/CMS.
Who?	Worker receiving the referral.
When?	"Immediately upon receipt of the call." You will notice that the policy and procedures (P&P) manual does not say "in so much time after the call." That is because it is designed to be completed *while* the caller is on the phone.
Decision	Does the referral meet the threshold to be assigned for an in-person response, and what is the response priority (and path of response for Differential Response counties)?

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ASSESSMENT COMPONENTS

Screening

1. Preliminary screening items
2. Maltreatment screening criteria and initial recommendation
   - Overrides
   - Final Screening decision

Should we screen in the report?

Priority and Path

3. Response priority
   - Overrides
   - Final recommendation
4. Path (for differential response [DR] counties)

How quickly should we respond?

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OVERRIDES

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PURPOSE OF THE OVERRIDE

- Structure/research balanced with professional judgment
- Rare circumstances or situations
- Decision is *never* forced.

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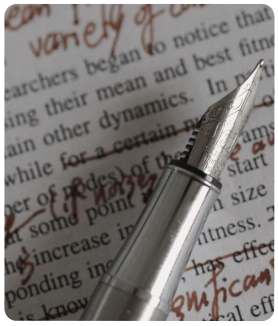

COMMON OVERRIDE MISTAKES

- Override is not based on facts.
- Information is irrelevant to decision.
- Information does not sufficiently support a different decision.

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SCREENING OVERRIDES

SCREEN IN	EVALUATE OUT
• Law enforcement or Tribal request • Residency verification • Required by court order	• Insufficient information to locate child • Wrong jurisdiction • Historical information only

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APPROVING USE OF OVERRIDES

- Fits or does not fit an existing item.
- Meets the definition threshold.
- Is supported by facts and professional judgment.
- Contributes to the decision.

Repeating patterns could mean the assessment needs revision.

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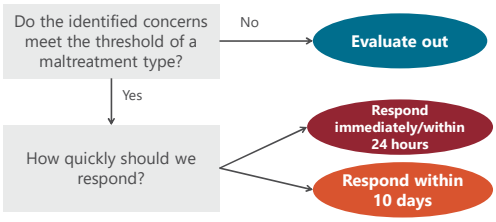
HOTLINE TOOLS DECISION MAP

Does this concern require a child protection response?



DR counties will have an extra path of response step.

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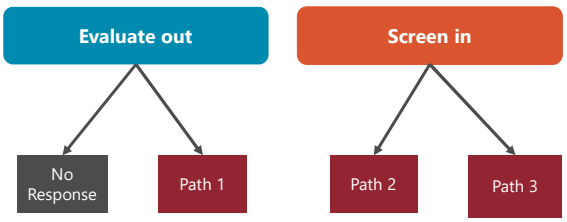
PATH OF RESPONSE OPTIONS



Each of these paths is determined by the county's differential response policies.

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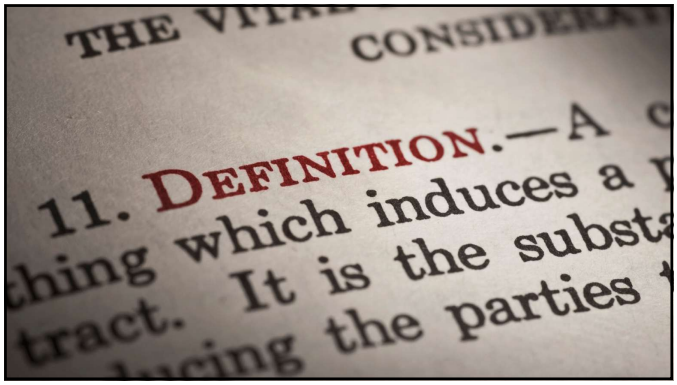

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Read to the period.

Examples are not all-inclusive lists.

Be aware of:
- AND
- OR

When unsure, ask others.

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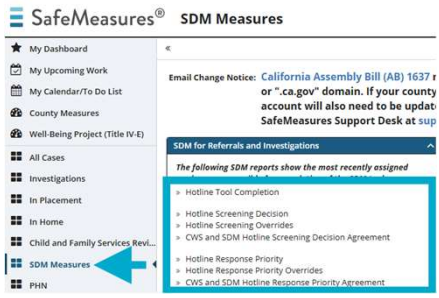
SAFEMEASURES



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HOTLINE ENGAGEMENT AND INTERVIEWING STRATEGIES

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BOBBY—SKILLS PRACTICE WITH DEFINITIONS

The caller reported a concern about a 2-year-old, Bobby, who lives with his mother and father in a 10th-floor apartment downtown. The caller stated that they have seen a child standing on a chair, leaning out of the window, on multiple occasions. The caller said there are no safety bars or screens on the window, and it is always left open during this time of year. The caller has never seen an adult try to intervene when the child is at the window. Before calling, the caller went to the apartment to alert the caregivers. One caregiver answered the door drinking a beer after several minutes. Caller observed another adult asleep on a couch but did not see the 2-year-old. The caller said the caregiver was "not concerned" and asked the caller to just leave them alone. Caller observed the child in the window again later, which prompted the call.

EVIDENT CHANGE

68

DEFINITION PART	EVIDENCE NEEDED
Caregiver is present . . .	The caregivers were present at the apartment.
but not attending to the child	One was reported to be sleeping, and the other was "not concerned" about the child.
Injury has . . . been avoided due to third-party intervention.	The child has been observed leaning over the open and unsecured window 10 stories up (clearly a dangerous situation). Caregivers have not intervened, are inattentive to the child's actions, and have not attempted to secure the window.

69

OPTION 1	
Harmful or likely to be harmful to all children always	Any child would be in danger and would not manage safely in this environment.
OPTION 2: DEPENDS ON . . .	
Child's age and development	Child's age and development and what would be expected to happen to children of this age/development.
Child's physical ability	How strong, fast, big, and mobile the child is. How does this affect child safety in this environment?
Child's reasoning	Examples of child's reasoning and how this affects child safety in this environment.
Degree of caregiver guidance and supervision	The degree of supervision the caregiver provides to the child. What guidance has the caregiver given to the child to stay safe?

70

OPTION 1	
Harmful or likely to be harmful to all children always	Not applicable
OPTION 2: DEPENDS ON . . .	
Child's age and development	Child is 2 years old.
Child's physical ability	Child is walking and climbing and has demonstrated the ability to climb on a chair.
Child's reasoning	Child enjoys climbing, does not fear heights, and does not understand the danger of being close to the open window.
Degree of parental guidance and supervision	Caregivers were not observed to be attentive or aware of the child's actions. When made aware of the danger, caregiver said they were not concerned and told caller to leave them alone. Caller observed the child in the window again after letting caregivers know what they saw.

71

PRACTICE

- Teams of three to five
- Participant guide: Read Sal and Siblings
  - » What type of abuse is being alleged?
  - » Is there present concern of harm to the child? Why or why not?
  - » Is the explanation for the injuries consistent with an accident?
  - » Did the caregiver respond appropriately?
  - » Are there other things you want to know?

EVIDENT CHANGE

72

SAL—SKILLS PRACTICE WITH DEFINITIONS

The reporting party is an ER nurse. Paternal grandmother picked up Sal, who is 4 months old, from his mother's house; caregivers share custody. Grandmother was concerned that Sal was physically injured while in his mother's care, so she took him to the ER. The ER nurse said that Sal has a black eye, two bruises on his forehead, and scratches on his right thigh. The ER physician said the injuries are consistent with abuse. The nurse observed that Sal seems comfortable in the care of his paternal grandmother. The nurse said Sal's father came to the hospital. Sal's father and paternal grandmother are worried that the mother has a drinking problem and is abusing the child. According to the grandmother, the mother told her that Sal fell off the couch during naptime.

EVIDENT CHANGE

73

SIBLINGS—SKILLS PRACTICE WITH DEFINITIONS

A reporter said that two children—ages 10 and 7—are being neglected. According to the reporter, the caregivers are addicted to heroin, and they spend their money on drugs instead of rent or food for their children. Earlier this month, the caregivers were evicted from their home for failing to pay rent; the family is currently living in their car. The reporter said that the oldest child has diabetes, and she is concerned because the family no longer has a refrigerator to store the child's insulin. The children's clothes are reported to be stained, full of urine, and worn for many days in a row. Their clothes smell so bad that the stench drives other schoolchildren away. The children often must borrow acceptable clothing from the school's lost and found. The reporter also said that the children beat each other, and the caregivers do not intervene.

EVIDENT CHANGE

74

PRACTICE

75

BETTY—RESPONSE PRIORITY PRACTICE

A neighbor called in about a 4-year-old girl, Betty, who is left alone for eight to 10 hours at a time while her single father is at work. Sometimes, a relative watches the girl, but today she was alone again. While playing with her doll in the front yard, the girl was approached by the neighbor, who asked who was taking care of her. She said that no one was home to take care of her. The neighbor reported that the child seemed content and had no medical needs. The neighbor also reported that she had never been inside the girl's house, but the exterior of the home appeared clean and well-maintained.

EVIDENT CHANGE

76

NICU—RESPONSE PRIORITY PRACTICE

A nurse at the local hospital called in to report that a mother has just given birth, and both the mother and child had a positive toxicology screen for methamphetamine. The child was born underweight and is being admitted to the neonatal intensive care unit. It will take about two weeks for the infant to gain enough weight for discharge. This is the mother's first child. When asked about whether the mother has support and had preparations for the baby coming home, the nurse indicated that the delivery was sudden and unplanned, but they had not asked the mother about this.

EVIDENT CHANGE

77

EXPLORING EMPTY SPACES

78

KEY CONCEPTS

Strong and balanced interviewing skills, combined with strong critical thinking, are key to making the best response decisions.

Developing good working relationships with reporting parties is key to getting important information about family strengths and network members.

Combining the SDM hotline tools with enhanced practices is *how* we accomplish the first two concepts to achieve the best outcomes.

79

GATHERING GOOD INFORMATION

80

REVIEW OF GENERAL INTERVIEW CONCEPTS

Understand the Reporter's Needs

This is the hardest call I have made in my entire life.

Just the facts.

EVIDENT CHANGE

81

WHAT A RIGOROUS AND BALANCED ASSESSMENT ASKS

What are we worried about?

What is working well?

What needs to happen next?

EVIDENT CHANGE

82

GENERAL INTERVIEW CONCEPTS, CONTINUED

BARRIERS TO INFORMATION GATHERING

Caller:

- Has incomplete knowledge of facts;
- Does not know what information is important;
- Does not know specifics of the law;
- Has an emotional response to reporting; or
- Has unknown or conflicting motivation.

EVIDENT CHANGE

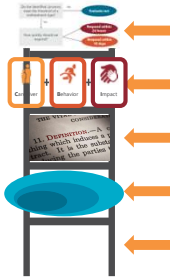
83

LADDER OF INFERENCE

Open-ended questions will often start with answers about conclusion.

Follow-up questions about details will move the conversation down the ladder and help narrow down to specific items.

Asking "what's working well?" will draw attention to other information about the family.



I act based on those conclusions.

I draw conclusions about the situation.

I view the data through my unique assumptions.

I select out particular data to consider.

All observable data in a particular situation.

84

BASIC INTERVIEW LADDER

Open-ended question	Follow-up	"One more question"
Which main category?	Which subcategory?	Does it fit the definition?

EVIDENT CHANGE

85

USING THE LADDER DURING THE CALL

Open-Ended	• Listen for main categories (i.e., physical, sexual, emotional abuse; or neglect). • Begin to scan subcategory criteria on main screen.
Narrative-Based Follow-Up	• Open definitions for likely criteria. • Ask questions in areas that the definition requires. • Narrow down to possible criteria.
"One More Question"	• Create a narrative chain and compare available information with the definitions. • Where your chain is missing information, pose a detailed question. • If the chain is complete, select criteria.

86

WHAT ARE WE WORRIED ABOUT?

Caregiver + **B**ehavior + **I**mpact or Likely Impact on the Child

EVIDENT CHANGE

87

WHAT IS THE C, THE B, AND THE I?

Tomás Jr. has a black eye and bruised left cheek. Tomás tells you that last night, his father hit him when he tried to stop a fight between his mother and father. He says that he is afraid to go home because his father was still angry this morning.

88

UNKNOWN IS DIFFERENT FROM UNASKED

If information is *still* unknown, document attempts to gather it. Consultation, critical thinking, and professional expertise should guide our decisions. (Resist letting fear or "the way we've always done it" drive decisions.)

EVIDENT CHANGE

89

POLICE OFFICER EXAMPLE

A police officer responding to a domestic violence call last night reports that two children are living in the home.

- What open-ended questions should we ask the officer? *Could be physical abuse, non-accidental injury, OR emotional injury.*
- What narrative-based follow-up questions should we ask?
- What "one more question" should we ask?

EVIDENT CHANGE

90

THERAPIST EXAMPLE

A therapist calls to report that during a session, an 11-year-old boy said he got in trouble and got a "whooping."

- What open-ended questions should we ask the therapist? *Could be physical abuse, subcategory non-accidental physical injury, or excessive or cruel punishment.*
- What narrative-based follow-up questions should we ask?
- What "one more question" should we ask?

EVIDENT CHANGE

91

SDM SAFETY ASSESSMENT

EVIDENT CHANGE

92

DEFINITION OF SAFETY

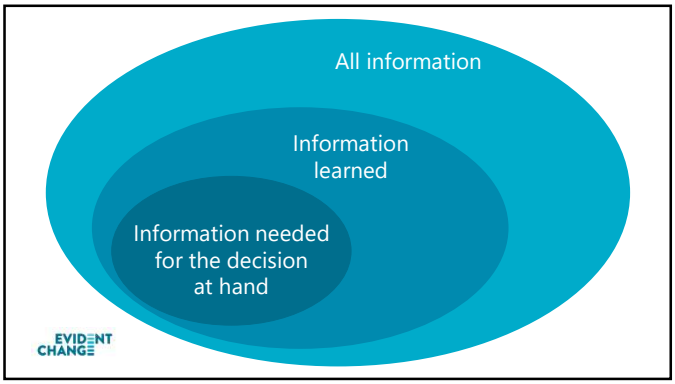
Safety: Actions of protection, taken by the caregiver and network, that address the danger and are demonstrated over time

EVIDENT CHANGE

93

THE FIRST QUESTION FOR INVESTIGATORS

94



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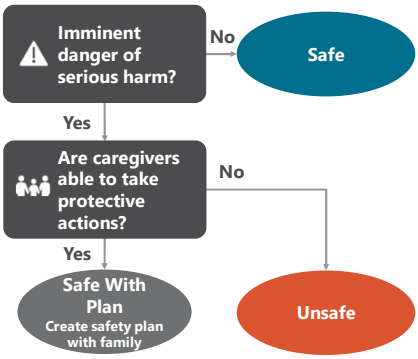
SDM SAFETY ASSESSMENT LOGIC



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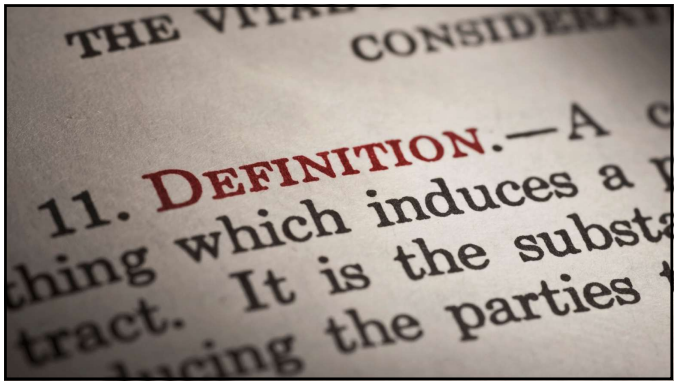


97

Read to the period.

Examples are not all-inclusive lists.

Be aware of:
- AND
- OR

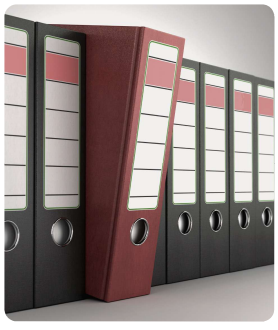
When unsure, ask others.

"Unasked" is different from "unknown."

Use professional judgment and common sense.

EVIDENT CHANGE

98



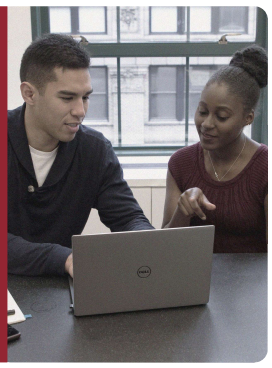
SDM SAFETY ASSESSMENT POLICY AND PROCEDURES

- Which cases
- Who
- When
- Decision

EVIDENT CHANGE

99

SAFETY ASSESSMENT CONSIDERATIONS FOR SUPERVISORS



100

SAFETY THREAT RISK

EVIDENT CHANGE

101

SAFETY THREATS

Ask questions that reveal . . .

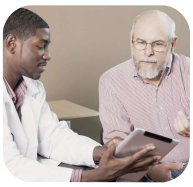
Caregiver + **B**ehavior + **I**mpact or Likely Impact on the Child

102

DANGER, RISK, AND NEEDS

DANGER

RISK



NEEDS

EVIDENT CHANGE

103

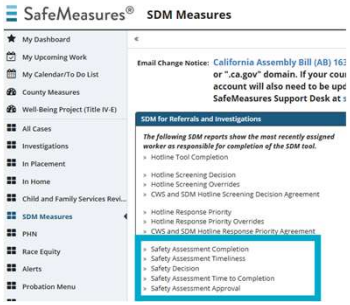
THE THREE QUESTIONS AND THE SAFETY ASSESSMENT

Factors Influencing Child Vulnerability Safety Threats, Caregiver Complicating Behaviors	**What are we worried about?**
Household Strengths and Protective Actions	**What is working well?**
Safety Decision	**What needs to happen next?**

EVIDENT CHANGE

104

SAFEMEASURES



EVIDENT CHANGE

105

WHAT DOES SAFETY LOOK LIKE?

EVIDENT CHANGE

106

SAFETY PLAN FUNCTION

Caregiver + **B**ehavior + **I**mpact or Likely Impact on the Child

EVIDENT CHANGE

107

WHERE DO SAFETY PLANS MAKE A DIFFERENCE?

Caregiver + **B**ehavior + **I**mpact or Likely Impact on the Child

Interrupt

EVIDENT CHANGE

108

WHERE DO CASE PLANS MAKE A DIFFERENCE?

Caregiver + **B**ehavior + **I**mpact or Likely Impact on the Child

Change

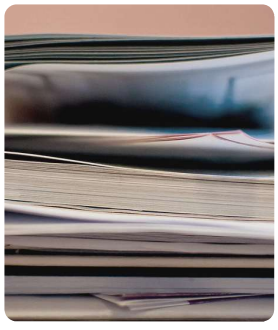
EVIDENT CHANGE

109

SAFETY AND SERVICES ARE NOT THE SAME THING

- Distinguish behavior change from service compliance.
- Services can be a bridge to new safe behaviors over time.

110



SAFETY ASSESSMENT DOCUMENTATION

Workers should document:

- Evidence that supports item responses; and
- Specifics for safety interventions.

EVIDENT CHANGE

111

CONSIDER THE DIFFERENCE . . .

It was a dark and stormy night, and this was assigned at 5:30 p.m. The car was low on gas, so I had to stop for fuel. Adam was at his friend's house when I arrived, and the parents weren't sure which apartment he was at. When we met, he was fidgety and only wanted to talk about his newest toy.

A safety plan was developed with the parents and three safety network members to address Safety Threat 1. The harm statement was, "Adam's father, while angry about Adam's grades, struck him several times, leaving bruises and cuts on Adam's head and neck."

EVIDENT CHANGE

112

Three-Column Mapping		
What are we worried about?	What is working well?	What needs to happen next?

0 — 10

Unsafe (Child cannot be home)

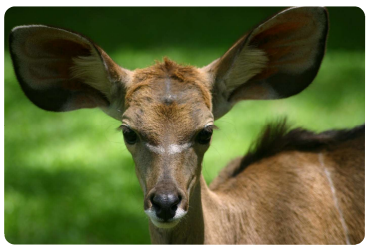
Very Safe (Close case)

EVIDENT CHANGE

113

USING THE EARS MODEL

Elicit
Amplify
Reflect
Start over



EVIDENT CHANGE

114

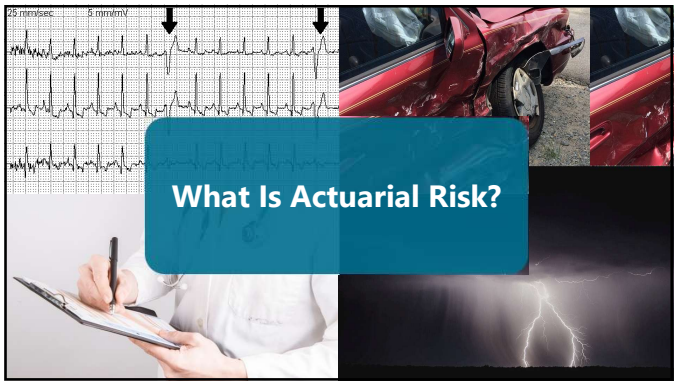
115

THE SECOND QUESTION FOR INVESTIGATORS

Community Response Guide	Hotline Tools	Safety Assessment	Risk Assessment	CANS	Reunification Assessment	Risk Reassessment
Should this incident be reported?	Should this report be investigated? How soon should we respond?	Can the child safely remain in the home?	Should intervention—or, if no safety threats are present, prevention—be provided?	What goals should be addressed in the case plan?	Can the child safely return home?	Are ongoing services still necessary?

EVIDENT CHANGE

116



117

RISK IS ABOUT LIKELIHOOD

Would you be glad to know whether the family you were working with had a . . .

- 1:2 chance of coming back?
- 1:6 chance?
- 1:12 chance?

EVIDENT CHANGE

118

SDM RISK ASSESSMENT OFFERS A CLASSIFICATION SYSTEM

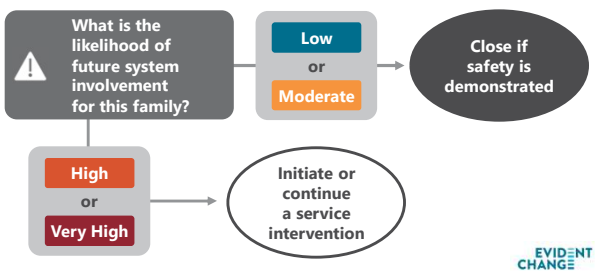
Classification

~~**Prediction**~~

EVIDENT CHANGE

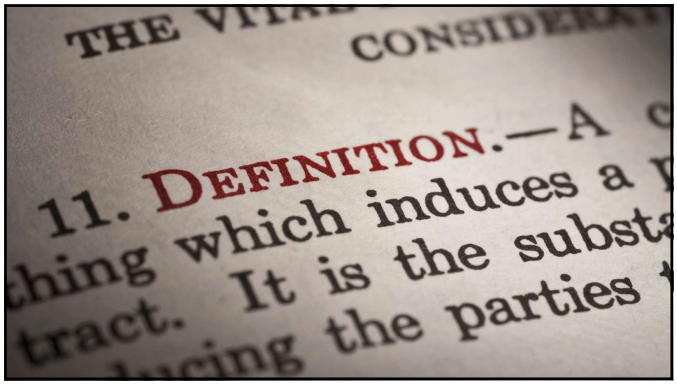
119

SDM RISK ASSESSMENT LOGIC



EVIDENT CHANGE

120



121

Read to the period.

Examples are not all-inclusive lists.

Be aware of:
- AND
- OR

When unsure, ask others.

"Unasked" is different from "unknown."

Use professional judgment and common sense.

EVIDENT CHANGE

122

SDM RISK ASSESSMENT: TWO SCORES

- The 16 items are the best of several hundred tested.
- Neglect and abuse indices
- Final risk level

EVIDENT CHANGE

123

RISK ASSESSMENT: OVERRIDES

- Case conditions that create very high risk
- Discretionary

EVIDENT CHANGE

124

RISK ASSESSMENT: ACTION TAKEN DIFFERS FROM RECOMMENDED ACTION

- Open or close
- Basis for choosing a different action

EVIDENT CHANGE

125

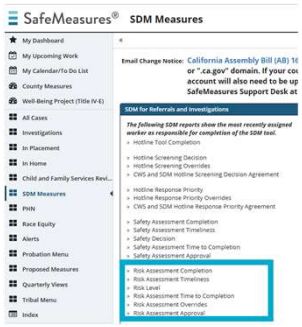
SDM RISK ASSESSMENT: POLICY AND PROCEDURES

- Which cases
- Who
- When
- Decision

EVIDENT CHANGE

126

SAFEMEASURES



EVIDENT CHANGE

127

SAFEMEASURES

SDM for Open Cases

- SDM Risk Level
- Contacts With Child Ba... on Risk
- FSNA Timeliness Prior to Case Plan
- CSNA Timeliness Prior to Case Plan
- Risk Reassessment Completion
- Reunification Assessment Completion
- Ongoing Override Report

EVIDENT CHANGE

128

PRACTICE

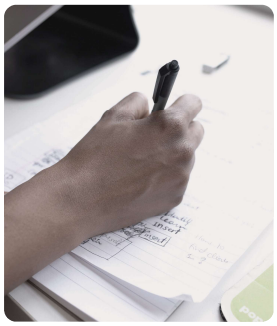
129

RISK ASSESSMENT DOCUMENTATION

Workers should document:

- Evidence that supports item responses; and
- Whether the case-opening decision/action differs from the recommendation.

EVIDENT CHANGE



130

PRACTICE

- Approve override
- Override risk level or recommend alternative action

EVIDENT CHANGE

131

TALKING WITH FAMILIES ABOUT RISK

- Gather information
- Create a game plan
- Have a conversation

EVIDENT CHANGE

132

THE SDM MODEL CAN HELP FOCUS RESOURCES

EVIDENT CHANGE

133

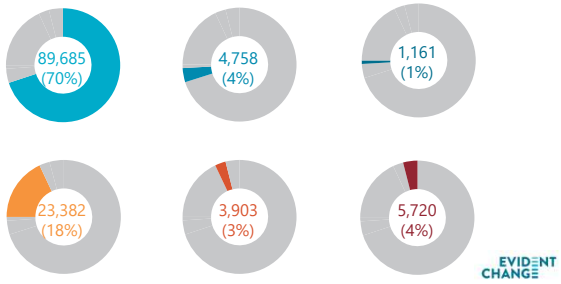
THE INTERSECTION OF SAFETY AND RISK

	Safe	Safe With Plan	Unsafe
Low/ moderate risk	*Do we even need to be involved?*	*Is the plan working to resolve the threat?*	*Is a quick return possible?*
High/very high risk	*What prevention services would be useful?*	*How long do we need to see the plan work?*	*What behavior change are we seeing in the caregiver?*

EVIDENT CHANGE

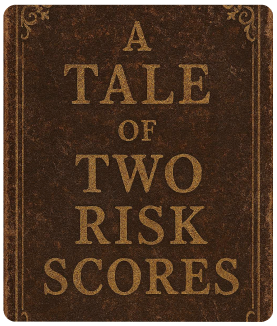
134

SAFETY AND RISK FOR 2024



EVIDENT CHANGE

135



PRACTICE

- What jumps out about various items in the different households based upon the children's ages?
- Which items could benefit from services or support?
- Which items speak to the current circumstances for the children in the home?
- How could decisions about service interventions be guided by this information?

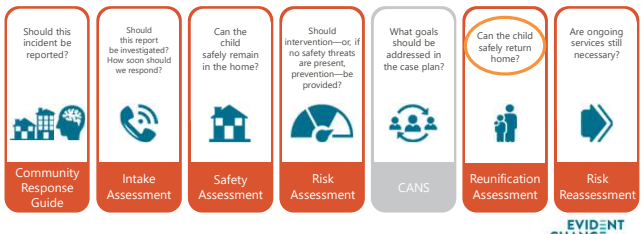
136

REUNIFICATION ASSESSMENT

EVIDENT CHANGE

137

THE MAIN QUESTION FOR OUT-OF-HOME CARE



EVIDENT CHANGE

138

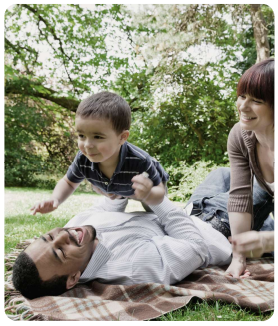
REUNIFICATION ASSESSMENT PURPOSE

Assess safety, progress toward case plan goal, and visitation/contact time

Reunification Recommendation
What is the permanency plan recommendation?

EVIDENT CHANGE

139

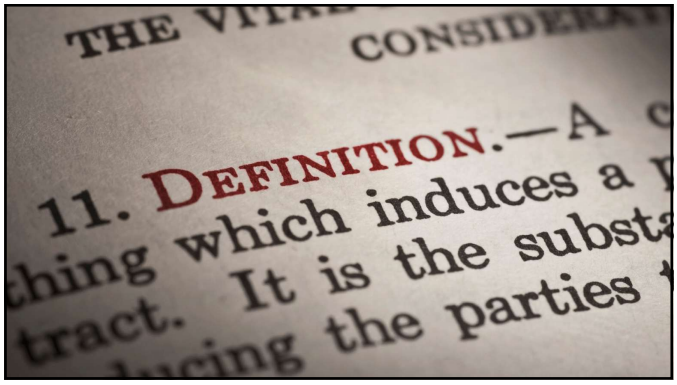


REUNIFICATION ASSESSMENT: THREE MAIN SECTIONS

- Case Plan Progress
- Visitation Evaluation
- Safety Assessment

EVIDENT CHANGE

140



141

Read to the period.

Examples are not all-inclusive lists.

Be aware of:
- AND
- OR

When unsure, ask others.

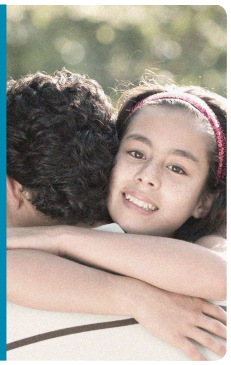
"Unasked" is different from "unknown."

Use professional judgment and common sense.

EVIDENT CHANGE

142

BEHAVIOR CHANGE



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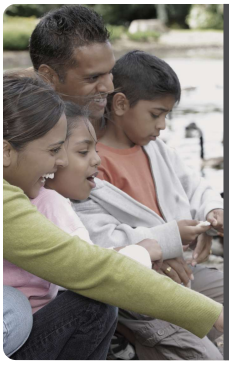
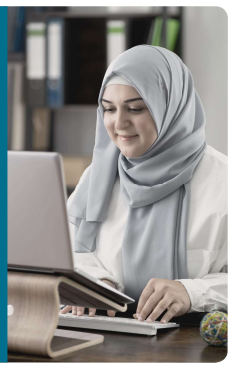


VISITATION PLAN EVALUATION

144

REUNIFICATION SAFETY ASSESSMENT



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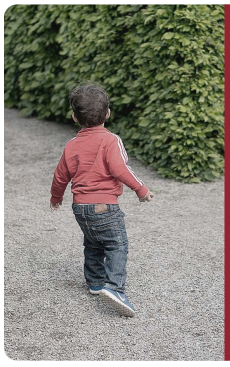


PLACEMENT/ PERMANENCY PLAN GUIDELINES

146

RECOMMENDATION SUMMARY AND SIBLING GROUP

E. Recommendation Summary

Records the decision for each child.

F. Sibling Group

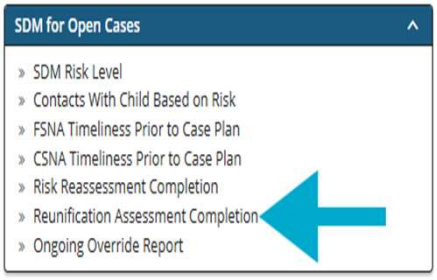
Applies only if at least one child's recommendation differs from the recommendation for any other child.

147

ACTIVITY: TREASURE HUNT

148

SAFEMEASURES



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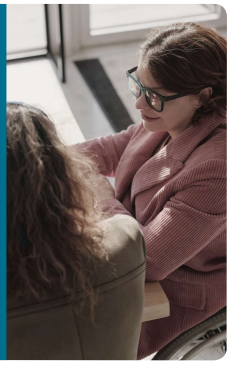
SUPERVISORS' ROLE IN EFFECTIVE ASSESSMENT



150

ASSESS DURING EACH CONTACT

- Any change in safety (vulnerability, safety threats, protective capacity, interventions we could try out with the safety network)
- Quality of interactions during visits
- Demonstration of skills (not just compliance with services)
- Any change in needs (identification of new needs or reduced level of need)

EVIDENT CHANGE

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BALANCED INFORMATION GATHERING

- What are we worried about?
- What is working well?
- What needs to happen next?

EVIDENT CHANGE

152

SDM RISK REASSESSMENT

EVIDENT CHANGE

153

THE MAIN QUESTION FOR IN-HOME CARE

EVIDENT CHANGE

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PURPOSE OF FAMILY RISK REASSESSMENT

ASSESS RISK AND CHECK ON SAFETY

What is the family's new risk level?

CASE RECOMMENDATION

Should services continue, or can the case be closed?

EVIDENT CHANGE

155

RISK REMINDERS

156

RISK IS ABOUT LIKELIHOOD

Would it help to know whether the family you were working with had a . . .

- 1:2 chance of coming back?
- 1:6 chance?
- 1:12 chance?

EVIDENT CHANGE

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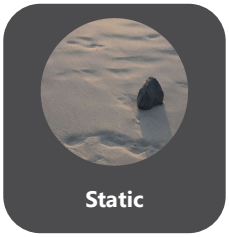
STATIC AND DYNAMIC RISK FACTORS



EVIDENT CHANGE

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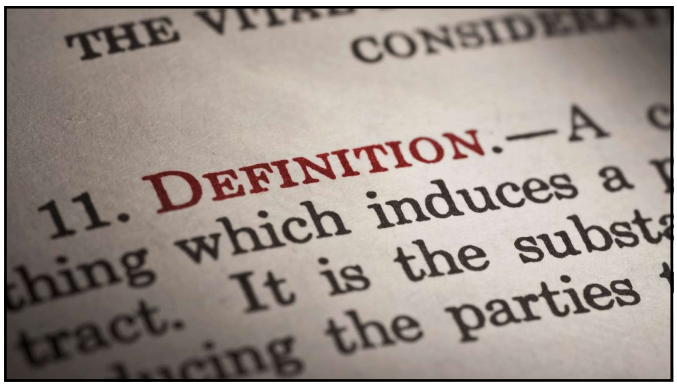

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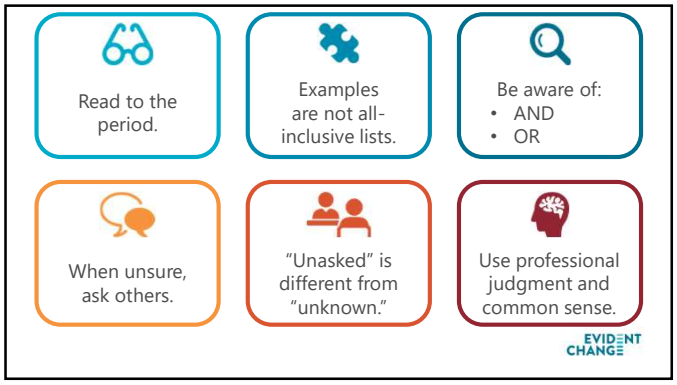
Read to the period.
Examples are not all-inclusive lists.
Be aware of:
• AND
• OR
When unsure, ask others.
"Unasked" is different from "unknown."
Use professional judgment and common sense.
EVIDENT CHANGE

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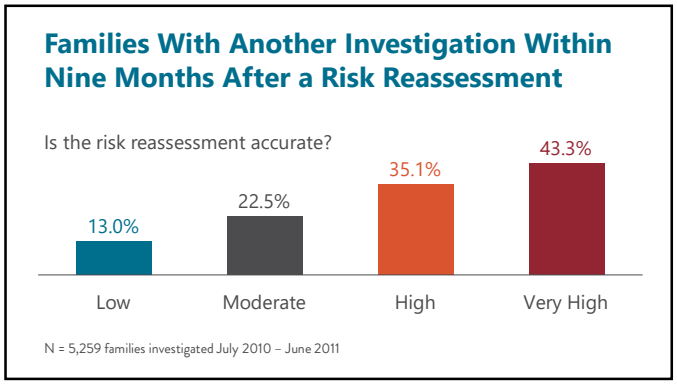
Families With Another Investigation Within Nine Months After a Risk Reassessment
Is the risk reassessment accurate?
13.0%
22.5%
35.1%
43.3%
Low
Moderate
High
Very High
N = 5,259 families investigated July 2010 – June 2011

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TALK ABOUT REASSESSMENT EARLY

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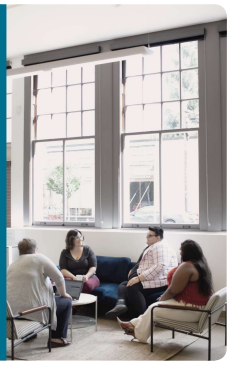
SMALL-GROUP DISCUSSION



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SHARE . . .

1. How often do you talk to families about their risk level currently?
2. What do those conversations look like?
3. Can you think of a time when it was easy to talk to a family about their risk level? A time when it was difficult? What made the difference?
4. What support would help you have conversations with families about risk?

EVIDENT CHANGE

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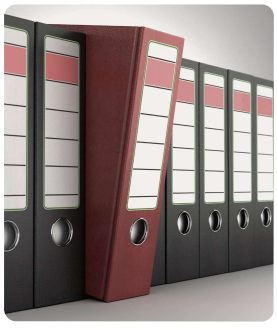
FAMILY RISK REASSESSMENT: POLICY AND PROCEDURES

- Which cases
- Who
- When
- Decision

EVIDENT CHANGE



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PRACTICE

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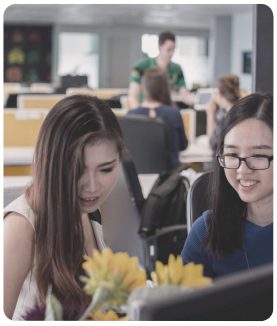

RISK REASSESSMENT COMPONENTS

- Risk Reassessment
- Scored Risk Level
- Overrides
- Final Risk Level
- Planned Action

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DOCUMENTATION

- Risk reassessment narrative should include evidence that supports item responses.
- Document reasons for every recommendation.

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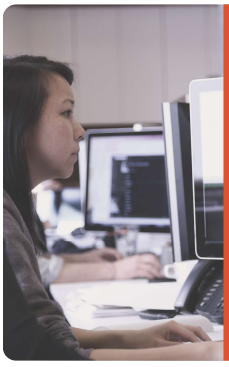
SUPERVISORS' ROLE IN REVIEWING RISK REASSESSMENTS

169



REVIEWING SAFETY

170

SAFEMEASURES

SDM for Open Cases

- SDM Risk Level
- Contacts With Child Based on Risk
- FSNA Timeliness Prior to Case Plan
- CSNA Timeliness Prior to Case Plan
- Risk Reassessment Completion
- Reunification Assessment Completion
- Ongoing Override Report

EVIDENT CHANGE

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SYSTEM CHANGE AND NEXT STEPS

EVIDENT CHANGE

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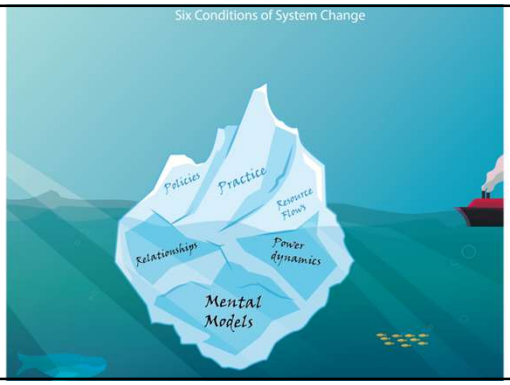

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ADAPTIVE CHALLENGES

Adaptive challenges are real-world problems in which data are conflicting or ambiguous, people can reasonably disagree, and a clear-cut plan for proceeding does not exist.

EVIDENT CHANGE

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TECHNICAL PROBLEMS

A technical problem yields a right answer by applying an appropriate and premade plan. Think tasks or questions with clear answers.

EVIDENT CHANGE

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TECHNICAL VERSUS ADAPTIVE

Technical Problems
Give the answer

Adaptive Challenges
Ask a question

EVIDENT CHANGE

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MIRRORING WORK WITH FAMILIES IN SUPERVISION

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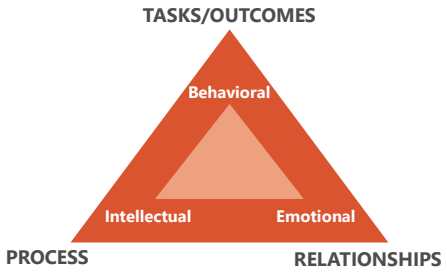
DIMENSIONS OF SUCCESS



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MEASURING SUCCESS

TASK/OUTCOME

Did the meeting result in:

- Informed decisions?
- Clear understanding of who will do what after the meeting?

GROUP PROCESS

Did the process:

- Encourage participation?
- Facilitate information exchange or decision making?

RELATIONSHIPS

Were interpersonal relationships characterized by:

- Openness and honesty?
- Respect and courtesy?

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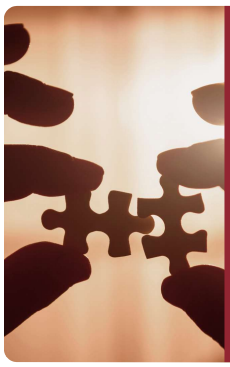

PUTTING IT ALL TOGETHER

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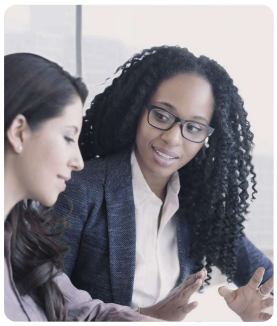
SUPERVISION AS PROFESSIONAL LEADERSHIP

- What skills do you bring as a facilitator of change?
- How do you support a worker's practice change process over time?
- How can you communicate the values that will equate SDM use with ethical practice as a mental model?



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REFLECTION WITH OTHERS

What are two ways you will incorporate the SDM system, the hotline tools, and the safety assessment into your practices as a supervisor?

EVIDENT CHANGE

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DEBRIEF: WHAT HAVE YOU LEARNED ABOUT . . .

- Yourself and your practice?
- What is changing and what is staying the same?
- What help you need?
- What you need from leadership?
- What you need from Evident Change?

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△ What could be upgraded for next time?

\+ What was most helpful?

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THANK YOU & QUESTIONS

EvidentChange.org
(800) 306-6223
Info@EvidentChange.org

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SDM RESOURCES

USING THE SDM SYSTEM AT EACH DECISION POINT

Hotline Tools		Should this be screened in?
Safety Assessment		Can the child safely remain in the home?
Risk Assessment		Should this case be opened for services?
Risk Reassessment		Should this case be closed?
Reunification Assessment		Can the child return home?

CALIFORNIA SDM SYSTEM OVERVIEW

See policy and procedures sections for each assessment for complete details.

SDM TOOL	DECISION	WHICH CASES	WHO	WHEN
Hotline tools	How should we respond to this referral?	All referrals created in CWS/CMS.	Worker receiving the referral	Immediately. Tool should be used *during* call with reporter to guide questions and screening assessment.
Safety assessment*	Can the child remain safely at home?	All in-person responses.	Assigned worker	**Always:** Process completed during first face-to-face contact with at least one victim child in the household (record within 48 hours).
Risk assessment	Should intervention be provided? At what service level?	**Recommended:** All in-person responses. **Required:** All substantiated and inconclusive in-person responses.	Assigned worker	Within 30 calendar days of first face-to-face contact.
Family strengths and needs assessment† (sunsetting in 2026)	Focus of case plan	All open cases.	Worker responsible for case plan	**Initial:** Prior to initial case plan. **Review:** For voluntary, within 30 days prior to case plan; for court-ordered, within 65 days prior to case plan.

SDM TOOL	DECISION	WHICH CASES	WHO	WHEN
Reunification reassessment	Can child be returned home, should reunification efforts continue, or should the permanency goal be changed?	Cases with at least one child in out-of-home care with goal of return home.	Assigned worker	At a minimum, every six months from removal. If adequate time has passed to demonstrate progress on the case plan, it is recommended to complete this assessment every 90 days.
Risk reassessment Closing safety assessment	Can this case be closed? If not, what level of service?	All open cases where *all* children are in the home.	Assigned worker	**Division 31:** Review every six months. **Voluntary cases:** No more than 30 calendar days prior to case plan completion or case-closure recommendation. **Court-ordered cases:** No more than 65 calendar days prior to case plan completion or case-closure recommendation. **All cases:** Sooner if there are new circumstances or new information affecting risk.

*The SDM safety assessment for family homes is used for allegations of harm by a legal caregiver. The SDM safety assessment for substitute care provider homes should be used when the referral alleges maltreatment by a substitute care provider.

†California's SDM family strengths and needs assessment (FSNA) is no longer updated and maintained as an active assessment, per California Department of Social Services (CDSS) guidelines. This legacy version is available for use in case planning during the transition period to full implementation of the Child and Adolescent Needs and Strengths assessment.

SDM SYSTEM OBJECTIVES

For Leadership

Prioritizes use of resources

Ensures statutory compliance

Provides data to inform policy and guide resource development

For Managers and Supervisors

Provides framework for continuous quality improvement

Ensures implementation fidelity

Assists with workload management

Provides strategies for supervision and coaching

For Workers

Prioritizes information gathering

Improves transparency in decision making

Provides tools for talking with clients

Maintains service standards

For Families

Ensures fair and equitable assessments

Provides common language for conversations with workers

Improves consistency of decisions that affect them

Improves case planning

REVIEW OF SDM SYSTEM FUNDAMENTALS

SDM DEFINITIONS MATTER.

READ TO THE PERIOD.

When reading SDM definitions, be sure to first read the entire "stem" or foundational definition before looking beyond to examples and conditions. If the stem of the definition is not read first, information that follows may be taken out of context and selected or eliminated in error.

EXAMPLES ARE JUST EXAMPLES.

The purpose of the definition examples is to illustrate the severity, threshold, or type of situation that might be seen in a family's situation. Definition examples cannot include every possible instance of circumstances covered by the definition. Sometimes an aspect of a case might appear much like the definition example, but the definition stem does not fit the situation. Sometimes, the exact situation will not be listed as an example, but the definition does apply.

BE AWARE OF AND, OR, AND "AND/OR."

"AND" means that both conditions on either side of the "AND" must be true in order for the definition to apply. "OR" means that only one condition on either side of the "OR" must be true for the definition to apply. "And/or" means either one or both of the conditions may be true. "AND" or "OR" may sometimes appear multiple times in one sentence or section of a definition.

WHEN UNSURE, USE CONSULTATION AND CLINICAL JUDGMENT.

SDM assessments and their definitions do not make decisions—caseworkers do. The definitions are designed to structure workers' assessment and thought processes, but they are not a replacement for the value of experience and judgment in making decisions about families.

"UNASKED" IS DIFFERENT FROM "UNKNOWN."

When thinking about completing an SDM assessment, remember that "form prompts practice." Assessment items are designed to be part of a conversation with the family. Learning how to use the assessment should include learning how to prepare for that conversation and the important questions to ask in completing the assessment.

COMMON MISTAKES AND HOW TO HANDLE THEM: KEY POINTS FOR SDM IMPLEMENTATION

SUPERVISOR TIP: Think about the key case management question at hand when trying to decide which SDM tool to use on which household and when.

SAFETY ASSESSMENT

1. ENSURE THAT THE WORKER CAREFULLY REVIEWED THE DEFINITIONS AND THAT THE RESPONSE IS CONSISTENT WITH THE DEFINITIONS.

Common mistake: A worker has selected caregiver complicating factor of development/cognitive impairment because the mother has an IQ of 79.

How to handle: Refer the worker to the definition. Point out that developmental delay alone does not warrant selecting the item. Inquire as to whether there is reason to believe the mother lacks critical knowledge that makes it more difficult to safety plan.

Common mistake: A worker selected item 4 because the house is very dirty and an 8-year-old is sleeping on a mattress on the floor.

How to handle: Refer the worker to the definitions. Ask the worker to explain what is hazardous or immediately threatening about the environment.

2. BE SURE THE WORKER HAS GATHERED ENOUGH INFORMATION.

When the referral contains information that, if true, would constitute a safety threat, it is important to thoroughly gather sufficient information before concluding that the threat does not exist. Note: It is reasonable to rely on more general interviews and observations to determine the presence or absence of safety threats that are not part of the referral and for which there are no indicators of presence.

Common mistake: Reporter said that the child had a very bad black and blue mark on his jaw. It was swollen, making it hard for the child to talk. The child indicated that his father punched him. Spring break began the day before; and despite the worker's efforts to reach the child at home, it was nearly two weeks before the worker saw the child. The injury was not visible, and the child denied being injured by his father. His father was in the next room during the interview. The worker closed the referral that night with no safety threats selected.

How to handle: The severity of the reported actions by father (punching child in face) warrants further investigation. An injury that obvious may have been noticed by others. At the very least, consider having the worker re-contact the reporter for more information and attempt to interview the child in a safer place.

3. WORKER SHOULD MAKE EVERY REASONABLE ATTEMPT TO WORK WITH FAMILY AND OTHERS TO DEVELOP AN IN-HOME SAFETY INTERVENTION BEFORE DECIDING ON REMOVAL.

Common mistake: A safety threat was identified, and child was removed. No household strengths or protective actions were selected.

How to handle: Ask worker to describe efforts to identify protective capacities and develop a safety plan. If these efforts were absent or insufficient, review circumstances with worker to determine whether a family meeting would be appropriate at this point to attempt to develop a safety plan.

4. A SAFETY PLAN SHOULD BE CLEAR AND SHOULD IMMEDIATELY AND SUFFICIENTLY MITIGATE ALL IDENTIFIED SAFETY THREATS.

Common mistake: The safety threat identified was that child sexual abuse was suspected and child safety may be of immediate concern. The child provided a convincing disclosure of ongoing sexual abuse by mother's boyfriend. The police interviewed the boyfriend once, and he denied. The district attorney is inclined to believe that something happened but is holding off on charging because of concerns with the child's ability to testify. The mother is siding with the boyfriend and is angry at the child for disclosing. The worker left the child in the home with a safety plan that included an agreement from mother that she would not let the boyfriend around the child and would not retaliate against the child. That was the full safety plan.

How to handle: Ask worker how plan will be monitored. If there is no plan for monitoring, help worker create one.

5. THE SAFETY (AND RISK) ASSESSMENT SHOULD BE DONE ON THE HOUSEHOLD OF THE CAREGIVER ALLEGED TO HAVE MALTREATED THE CHILD.

Common mistake: The child lives with mother but visits father two nights per week and every other weekend. The report is that while child is visiting father, father is physically abusive. The worker interviewed the child, who confirms extremely abusive corporal punishment by father. The worker met with mother, who is not abusive. The worker closed the referral as substantiated, and the safety assessment, done on mother's household, shows no safety threats.

How to handle: Advise the worker to meet with father and conduct a safety assessment and risk assessment of father's household. The worker should also meet with mother, but SDM assessments on her household would be done only if there is an allegation of failure to protect.

RISK ASSESSMENT

1. COMPLETE RISK ASSESSMENT ON THE CORRECT HOUSEHOLD. THE RISK ASSESSMENT SHOULD BE DONE ON A HOUSEHOLD WHERE A PARENT OR LEGAL GUARDIAN ALLEGED TO HAVE ABUSED OR NEGLECTED THE CHILD LIVES.

Common mistake: Risk level was "moderate," but an override was used to increase risk to "high" to offer services to the foster family.

How to handle: The risk assessment should not be used to assess risk in a foster home. If the allegation was against the foster parents, the worker should use a substitute care provider safety assessment to assess the safety of the foster home. There is no risk assessment for substitute care providers currently.

2. BE SURE THE WORKER HAS GATHERED ENOUGH INFORMATION.

Common mistake: Worker made a single home visit, during which safety threats were identified and a child was placed. The next day, the worker submitted a completed safety assessment and risk assessment. Risk level was "moderate."

How to handle: Compare risk assessment to safety assessment, screener narrative, and prior history of family. Identify any risk items that appear incorrect. Additionally, look at risk items scored as "0" and ask worker how they reached conclusion (e.g., that primary caregiver was NOT abused or neglected as child). If worker has not gathered sufficient information to conclude that risk factors are absent, remind worker that accuracy is the first priority and further interviewing appears necessary. *Note*: If county practice is to transfer to another worker at the point of removal, then county should determine a plan for completing risk assessment.

3. ENSURE THAT THE WORKER CAREFULLY REVIEWED THE DEFINITIONS AND THAT THE RESPONSE IS CONSISTENT WITH THE DEFINITIONS.

Common mistake: Several references in contact notes and other assessments indicate that primary caregiver has a serious substance abuse problem, but substance abuse is not selected as a risk factor.

How to handle: Ask worker to explain decision to select no current or historic substance abuse problem. Review definition with worker and go over all of the information to the contrary. If worker has a good justification, ask for this to be detailed in narrative. Otherwise, correct the assessment.

Common mistake: Risk factor selected indicating three or more prior neglect investigations, but two of them were when the mother was a minor and was neglected by her parents.

How to handle: Review the definition with worker. Only select prior investigations in which an adult in the household was an alleged perpetrator.

4. WORKERS SHOULD ATTEMPT TO ENGAGE HIGH- AND VERY HIGH–RISK FAMILIES IN ONGOING SERVICES, REGARDLESS OF SUBSTANTIATION DECISION.

Common mistake: Very high risk, inconclusive referral is closed without promoting to a case.

How to handle: Review worker's explanation and ask worker what efforts they used to engage family in voluntary services or to at least connect family with community services. If efforts were substantial, be sure worker documented these efforts. If efforts were lacking, discuss with worker the purpose of risk assessment and why it is so important to get services to higher-risk families. Consider re-contacting family with worker in effort to engage. If worker frequently struggles with engagement, consider additional training and/or coaching on engagement.

5. WORKERS SHOULD NOT OFFER ONGOING SERVICES TO LOW- OR MODERATE-RISK FAMILIES UNLESS THERE IS AN UNRESOLVED SAFETY THREAT.

Common mistake: Scored risk level was "moderate," and worker applied a discretionary override to "high"; the reason given was that it was so the family could receive services.

How to handle: Increase risk level only if you believe the family is more likely than the scored risk level indicates to experience reinvolvement with the child protective system in the future. A rationale for this belief must be provided. Discuss with worker some of the research that suggests that providing services to lower-risk families does not reduce subsequent involvement but does use resources that are now unavailable for higher-risk families. Offer ideas for how family's *needs* may be better met through community resources.

6. THE WORKER COMPLETES A NEW INITIAL RISK ASSESSMENT FOR AN INVESTIGATION FOR A HOUSEHOLD WITH AN OPEN CASE.

Common mistake: For many years, initial risk assessments were expected on investigations for households in open cases; and out of habit, the worker has done one for a recent investigation.

How to handle: Refer to the policy change in January 2024 eliminating this expectation. The ongoing worker can use the information gathered in the investigation to complete a risk reassessment to monitor and adapt the case plan as needed.

RISK REASSESSMENT

1. ENSURE THAT ONLY THE APPROPRIATE TIME PERIODS ARE CONSIDERED.

Common mistake: Worker rated family as not having addressed substance use problem. Notes reveal that caregiver has completed treatment and been clean and sober for five months. Worker stated that family did not address problem for the first seven months the case was open.

How to handle: Review definitions and ask worker to focus on current review period. Correct rating and adjust score and, if needed, decision.

REUNIFICATION ASSESSMENT

1. ENSURE THAT THE RESPONSE TO ITEM 1 REFLECTS THE CORRECT, *CURRENT* RISK LEVEL (I.E., THE RISK LEVEL DETERMINED AT THE BY THE MOST RECENT INITIAL RISK ASSESSMENT).

Common mistake: The initial risk level was "very high." The result of the first reunification risk assessment was "high." This is the second reunification assessment. Item 1, initial risk level, is answered "high."

How to handle: Review definition with worker. Be sure there was no risk assessment since the initial risk level. If needed, correct R1. If this affects risk level, review entire reunification reassessment and decision.

2. ENSURE THAT VISITATION IS CALCULATED CORRECTLY AND DOCUMENTED.

Common mistake: Visitation is indicated to be "strong/adequate"; but the narrative does not explain how many visits were available, how many were made, or what their quality was.

How to handle: Ask worker to show their work for the calculation of how many visits were available and how many were missed. Be sure the correct quantity rating is given. Ask worker for details of parent performance on visits. If worker has details, ask for these to be explained in narrative (briefly and concisely). If worker does not have information, help worker identify ways to get input for this review. Then make a plan for explaining expectations to parents now for use during next review period, and discuss ways worker can occasionally observe.

3. Ensure that the correct decision tree is used.

Common mistake: Child was removed two years ago at age 2. Worker used decision tree for children over age 3.

How to handle: Explain to worker that it is the age of the child at *removal* that determines which tree to use. Redo tool with the correct tree.

FIVE-STEP CONSULTATION MODEL

Elicit worker thinking related to proposed course of action.

Focus conversation on key questions of the decision point and assessment structure.

Engage in conversation with a focus on definitions, using the Three Questions structure.

Ask questions that elicit family facts related to *definitions* and relevant decisions.

Agree about additional information needed, conversation, and follow-up steps with family.

HOTLINE TOOLS

BOBBY—SKILLS PRACTICE WITH DEFINITIONS

The caller reported a concern about a 2-year-old, Bobby, who lives with his mother and father in a 10th-floor apartment downtown. The caller stated that they have seen a child standing on a chair, leaning out of the window on multiple occasions. The caller said there are no safety bars or screens on the window, and it is always left open during this time of year. The caller has never seen an adult try to intervene when the child is at the window. Before calling, the caller went to the apartment to alert the caregivers. One caregiver answered the door drinking a beer after several minutes. Caller observed another adult asleep on a couch but did not see the 2-year-old. The caller said the caregiver was "not concerned" and asked the caller to just leave them alone. Caller observed the child in the window again later, which prompted the call.

SAL—SKILLS PRACTICE WITH DEFINITIONS

The reporting party is an ER nurse. Paternal grandmother picked up Sal, who is 4 months old, from his mother's house; caregivers share custody. Grandmother was concerned that Sal was physically injured while in his mother's care, so she took him to the ER. The ER nurse said that Sal has a black eye, two bruises on his forehead, and scratches on his right thigh. The ER physician said the injuries are consistent with abuse. The nurse observed that Sal seems comfortable in the care of his paternal grandmother. The nurse said Sal's father came to the hospital. Sal's father and paternal grandmother are worried that the mother has a drinking problem and is abusing the child. According to the grandmother, the mother told her that Sal fell off the couch during naptime.

SIBLINGS—SKILLS PRACTICE WITH DEFINITIONS

A reporter said that two children—ages 10 and 7—are being neglected. According to the reporter, the caregivers are addicted to heroin, and they spend their money on drugs instead of rent or food for their children. Earlier this month, the caregivers were evicted from their home for failing to pay rent; the family is currently living in their car. The reporter said that the oldest child has diabetes, and she is concerned because the family no longer has a refrigerator in which to store the child's insulin. The children's clothes are reported to be stained, full of urine, and worn for many days in a row. Their clothes smell so bad that the stench drives other schoolchildren away. The children often must borrow acceptable clothing from the school's lost and found. The reporter also said that the children beat each other, and the caregivers do not intervene.

BETTY—RESPONSE PRIORITY PRACTICE

A neighbor called in about a 4-year-old girl, Betty, who is left alone for eight to 10 hours at a time while her single father is at work. Sometimes, a relative watches the girl, but today she was alone again. While playing with her doll in the front yard, the girl was approached by the neighbor, who asked who was taking care of her. She said that no one was home to take care of her. The neighbor reported that the child seemed content and had no medical needs. The neighbor also reported that she had never been inside the girl's house, but the exterior of the home appeared clean and well-maintained.

NICU—RESPONSE PRIORITY PRACTICE

A nurse at the local hospital called in to report that a mother has just given birth, and both the mother and child had a positive toxicology screen for methamphetamine. The child was born underweight and is being admitted to the neonatal intensive care unit. It will take about two weeks for the infant to gain enough weight for discharge. This is the mother's first child. When asked about whether the mother has support and had preparations for the baby coming home, the nurse indicated that the delivery was sudden and unplanned, but they had not asked the mother about this.

HOTLINE INFORMATION COLLECTION GUIDE

THE INFORMATION WE NEED

WHO?

Who is the referral source? Who are they worried about? Who was involved?

- Identity of the referral source (name, phone, address, relationship to child, method of contact, source of contact)
- Identity of the children (name, sex, DOB, present location, school/daycare, name of person living with, relationship, ethnicity)
- Identity of parent/guardian, current caregiver, foster parent (name, phone, address, relationship to child, marital status, ethnicity, DOB)
- Identity of other witnesses or sources of information (name, address, relationship to child, agency, phone)
- American Indian or other Indigenous identity

WHAT?

What is the referral source worried about? C + B + I

- Type of maltreatment
- Severity of maltreatment: results, injuries, conditions (sustained or likely, size, color, location on body, when inflicted, by whom, with what)
- Description of child's emotional and/or physical symptoms
- Description of what the caregiver is or is not doing and how it impacts the child
- Description of child's environment
- Description of events, what happened, why it happened
- Medical attention or immediate mental health services required
- Were services already provided? What were the diagnosis and results?

WHEN?

When did the incident occur? When is the safety threat active?

- Description of when the incident occurred
- Specific and detailed dates, times, frequency, duration
- Multiple occurrences
- Specific timeframe

WHERE?

Where did the alleged incident occur? Where is the family now?

- Description of child's environment
- Description of where the caregivers were during alleged incident
- Description of where the family is now
- Jurisdiction

WHY?

Why did the referral source choose to make the referral today? Why did this happen?

- Surrounding circumstances that led to the alleged maltreatment
- Was the alleged abuser impaired by substances, mental health, or otherwise out of control when incident occurred?
- Alleged abuser's intent
- Why did the referral source choose to report the information now?

WHAT IS WORKING WELL?

Who displays acts of protection? How did the parents respond?

- What do you know about family strengths and resilience?
- Information on parental knowledge and response
- What does the caregiver know about the maltreatment? What was their response?
- Who are people the child or caregivers turn to for help?
- What is your relationship to the family, and in what ways can you support them?

HOW TO GET THE INFORMATION WE NEED

The items in the assessment boil down to C + B + I. So, this is the most crucial information to gather. Beyond that, asking the following questions can help workers gain information useful in a child protection referral/investigation. Please note that this is not an all-inclusive list and is meant to serve as a starting point for conversations. It is best to start with open-ended questions, then ask follow-up questions for clarity.

GETTING STARTED

- What do you have concerns about? What is going on in the family? Why did you call CPS today?
- How do you know about the maltreatment? What have you observed or heard? From whom?
- What behaviors are concerning to you and why? How does that impact the child?
- When will the alleged perpetrator have access to the alleged victim?
- When did the alleged maltreatment occur? How long did it last? How many times did it happen?

SEXUAL ABUSE

- What did the child say happened? Who did the child say did this?
- Does that person live with the child? How did this happen to come up?
- What is it about the child's behavior that concerns you? How often does the child behave this way? When did it start? Has someone asked the child about this behavior?
- Has the child seen a doctor? What do exams and/or tests show?
- Who saw this happen? What exactly did they see?
- What exactly does the caregiver do? How often does this happen?
- How do you know the children are aware?
- What do the children say about how it makes them feel?
- What happens that makes it seem the caregiver is doing this on purpose for sexual gratification?
- Is there an attempt to do this secretly?
- Are the children asked not to talk about it?

EMOTIONAL INJURY

- What does the caregiver do that is upsetting to the child? How often? How long has it been going on?
- What effect does this have on the child (mood, behavior, relationships, school)?
- What is your knowledge of the caregiver's alignment, perceptions, or view of the child?
- How is the caregiver's behavior contributing to the child's condition?

- Is the child suicidal or self-harming?

PHYSICAL ABUSE

- Did you see the injury? Did someone tell you about it? Who?
- Can you describe in detail the injury (sustained or likely, size, color, location on body, when inflicted, by whom, with what)?
- Did the children require medical attention?
- Who else was present when this happened? Who else knows about this?
- Describe how the child/caregiver reacted immediately after incident that caused injury.
- What did the child (or someone else) tell you about what the caregiver did to punish the child?
- From your perspective, was this intentional? What makes you think so?
- How surprised were you that the child was not injured?
- Did the alleged abuser say anything right before or right after?
- How was the caregiver handling the child?
- Did you see the caregiver do something dangerous near the child or threaten the child?

DOMESTIC VIOLENCE (DV)

- Has there been any police contact at the home? Describe.
- What was the nature of the altercation between caregivers?
- Where exactly was the child? What was the child doing during the altercation (e.g., intervening, being held by one caregiver)?
- What was the potential for harm given the child's proximity to the incident?
- Do you know if anyone else in the home, besides the alleged victims, has been hurt? Describe.
- Do you know if any weapons are in the home? If yes, what kind, and who has access?
- Does the child see the DV? How does the child know about the DV?
- What happens between the caregivers? Did the caregivers seem aware of the child's presence? Did the caregivers take any action to protect the child?
- Are family members afraid or intimidated by the alleged perpetrator? If yes, describe.

FUNCTIONING/VULNERABILITIES/COMPLICATING FACTORS

- Can you describe each child in the home? Their functioning? How do they communicate? What is their general mood and temperament?
- Do any of the children have a suspected or diagnosed medical or mental disorder? Describe.
- Do the children have any behavioral challenges? Describe.

- Is the child seeing a counselor/mental health professional? Who?
- Where are the children now, and how are they reacting to the situation?
- Can you describe the adults in the home?
- Do the adults in the home have substance abuse or mental health concerns that pose a threat to the child? Can you describe the concerns? When and how often is this a concern? How do you know?
- Are there multiple alleged victims in the home? If yes, who?

NEGLECT

- Does the child need something that is not being provided?
- What is the caregiver not doing that they should do? Has the child been injured or become ill as a result?
- What is likely to happen to the child if the situation does not change?

SUPERVISION

- Is the caregiver present but inattentive or unable to meet child's needs?
- How long has the child been unsupervised (either due to caregiver being absent or being present but inattentive)?
- How often is the child left unsupervised (either due to caregiver being absent or being present but inattentive)?
- What is the child's age and developmental status?
- What are some examples of what happened when the child was unsupervised (either due to caregiver being absent or being present but inattentive)?

INADEQUATE FOOD

- What does the child typically eat?
- How often does the child go without meals?
- Has the child lost weight or failed to gain weight?
- Is the child having difficulty in school?
- How often does the child go hungry? For how long?

HOUSING CONDITIONS

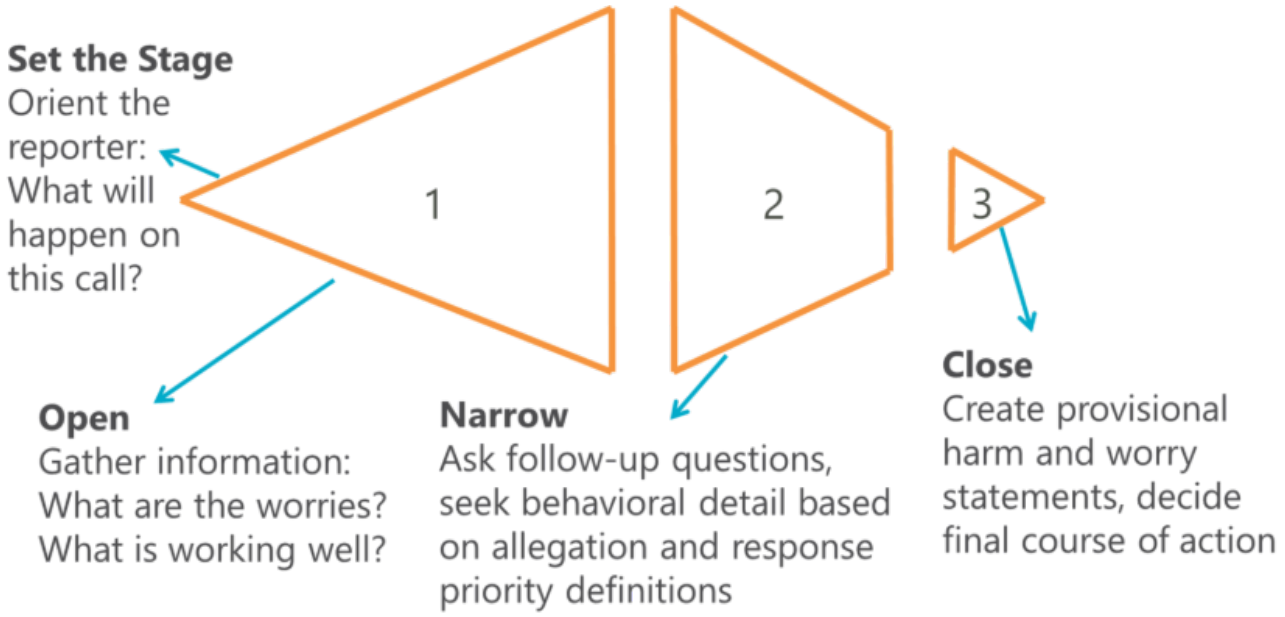
- Can you describe what is dangerous about the home environment?

- What symptoms does the child have? Has the child required medical care due to the living environment that would not have been required if the child was in a different environment?
- Would the child likely become ill or injured if the situation in the house is not changed?
- To what extent are [dirty clothes, rotting food, etc.] present? How long has it been that way? How does it interfere with normal activities?
- What dangerous items can the child access?
- Does the child depend on electricity for a medical device?

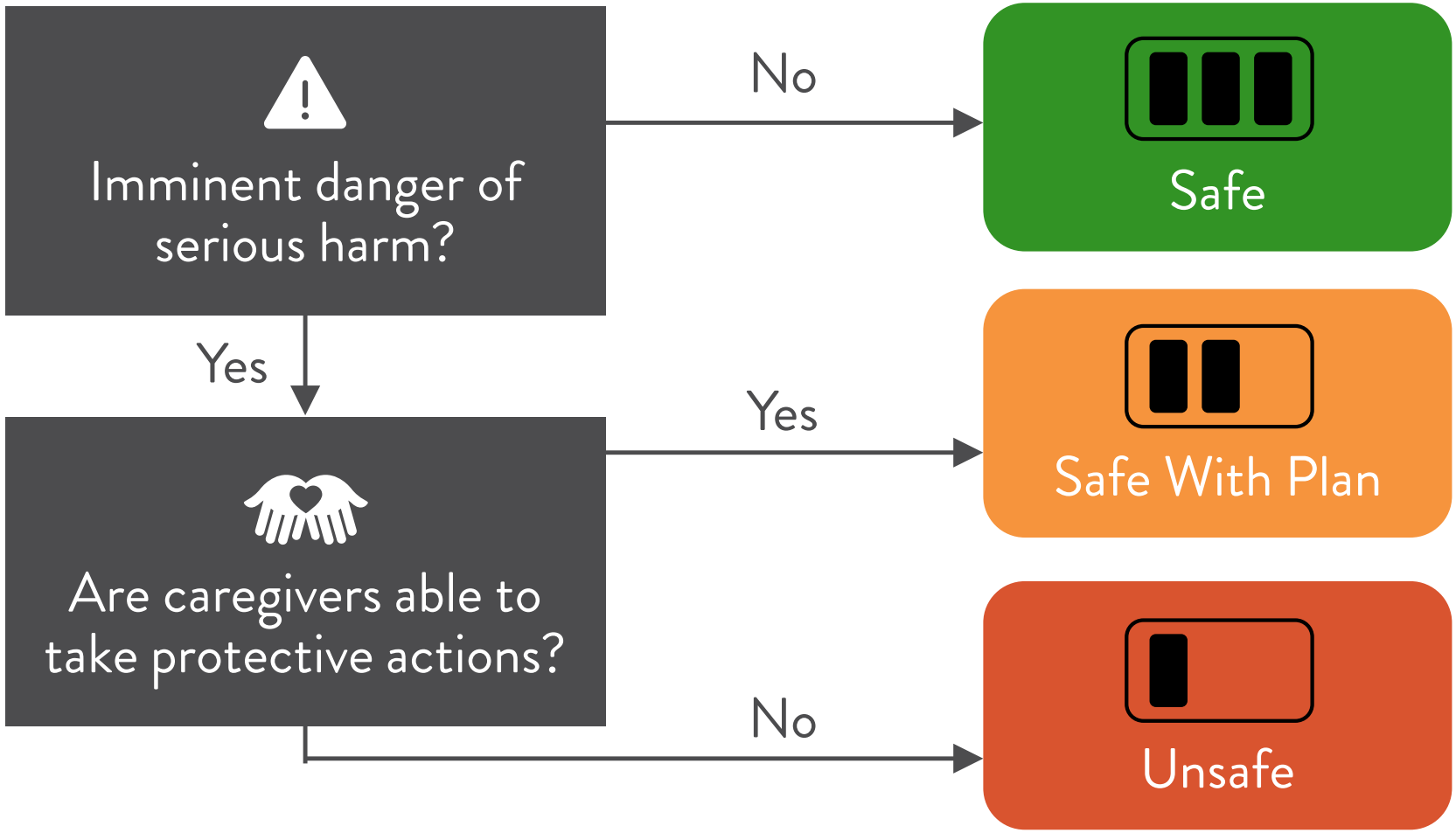
MEDICAL NEGLECT

- What is the child's medical condition? What should the caregiver be doing that is not being done? If it is not done, what will happen?
- How long will it take for that to happen? If the care is provided, how certain is it that the condition will improve? Does the caregiver know and understand this?

Moving down the ladder of inference with the Open, Narrow, Close approach



SAFETY ASSESSMENT LOGIC



C + B + I AND THE RULE OF THREE

If all three are present,
the safety threat threshold is met
(intervention is needed).

OTHER SAFETY THREATS

Review these examples of “other” safety threats. Discuss whether they fit under one of the nine existing threats; and if not, whether they meet the “imminent threat of serious harm” threshold.

- The parents did not want the youth in their care. The parents called law enforcement to get her or they will "kill" her.

- Mother has severe mental health issues and prior drug use; mother has a conservator until December 2025. The mother voluntarily placed baby into shelter care on January 8, 2025 after giving birth. The mother is mandated to return to a psychiatric unit upon discharge on January 9, 2025.

- The youth has been physically abused in the past and was abandoned from age 6 until he returned at age 13. The parents did not want to accept the child back into their home and stated that he was unwelcome. The parents brought the youth from India under the guise of meeting a relative and abandoned him in California without provision for his care while they returned to India.

- There is a Criminal Protective Order where the father is prevented from being within 300 yards of the mother’s home where she resides with the children.

- The mother tested positive for methamphetamine during a voluntary drug test at the agency. The mother requested support in addressing the drug use. The mother agrees to voluntarily drug test when requested by the department.

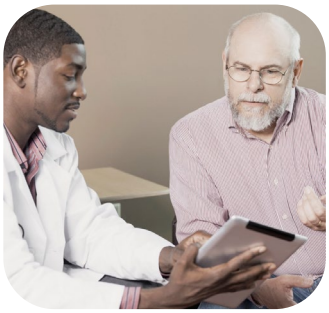
DISTINGUISHING BETWEEN DANGER, RISK, AND NEEDS

The terms **danger**, **risk**, and **needs** are often used interchangeably in child protection. However, when using the SDM system, each of these terms has an important, distinct meaning.

DANGER, RISK, AND NEEDS

DANGER

RISK



NEEDS

Danger is about the short term. When we talk about danger in the context of the SDM system, we are looking for serious and imminent threats to a child.

- *Serious* means the harm would require medical or mental health attention or emergency services. If the worker does not think the threat can be contained, they would not leave the child in the home.
- *Imminent* means the worker reasonably expects that harm will occur right now or in the next few days. This is not about "someday."

Danger is related to safety. The SDM system defines safety as protective actions taken by the caregiver that directly address the danger and are demonstrated over time. The opposite of safety is danger, which is indicated by safety threats.

A social worker's understanding of a family's safety may change as they learn more about a family (e.g., on Day 1, they may not know about the mom's substance use but may discover it on Day 10), and as the family changes (e.g., on Day 10, the mom kicks her boyfriend out of the house).

In the SDM system, workers assess safety when they first meet a family and then assess it again whenever their understanding of the family's safety changes. A new safety assessment should be completed anytime a worker is considering whether a child should be removed from the home.

Risk is about the long term. Instead of serious and imminent harm, we are asking about the probability that *any* repeat involvement with child protection will occur in the next one to two years. That may sound like we are trying to predict the future, but we are actually trying to evaluate the odds using a research-based actuarial assessment to help us.

Needs are about underlying conditions in the home—which may contribute to safety threats or risk factors or may be irrelevant. When considering strengths and needs, we are talking about the family's *capacity* to provide for the child's ongoing safety and well-being.

These terms in the SDM system are related to the prioritization of information. We start with danger (and the safety assessment) to learn whether there is a problem we need to address *right now*. Then, we take a little more time to consider risk (and the risk assessment) because risk is further in the future. Needs (and the family strengths and needs assessment [FSNA] or Child and Adolescent Needs and Strengths [CANS]) are at the very end of our list because they help us decide what to do to address any safety threats or risk factors we may have identified in the safety and risk assessments.

WHAT DOES SAFETY LOOK LIKE?

THREE-COLUMN MAP

Worker Name: _____ Case Name/ID: _____ Date: _____

WHAT ARE WE WORRIED ABOUT?	WHAT IS WORKING WELL?	WHAT NEEDS TO HAPPEN NEXT?

This three-column framework is based on the Signs of Safety Assessment and Planning Framework (Turnell and Edwards, 1999; Perth [Australia] Department of Child Protection, 2011); The Consultation and Information Sharing Framework (Lohrbach, 2000); and The Massachusetts Safety Mapping Framework (Chin, Decter, Madsen, and Vogel, 2010).

LINKING THE THREE QUESTIONS AND SOLUTION-FOCUSED QUESTIONS

WHAT ARE WE WORRIED ABOUT?	WHAT IS WORKING WELL?	WHAT NEEDS TO HAPPEN?
Questions of genuine curiosity Assumptions of good intentions Behavioral detail Impact on the child "Voice" of the child **Externalizing the problem** • When did the violence first come into your life? • Who/what/where/when? • How often, how much? • First, last, most recent? **Position questions** • What is your child worried about? • What would [trusted friend or relative] be worried about? **Relationship questions** Who else is worried? **Networks** Who else knows? **Scaling** • Safety/danger, progress • What is keeping the number from being higher? **Future unchanged** What will happen if things keep going the way they are going?	Questions of genuine curiosity Assumptions that good intentions are not always enough Behavioral detail Impact on the child "Voice" of the child **Exception questions** • Has there ever been a time when, before you got high, you were able to find a safe adult to watch your child? • Who/what/where/when? • How often? How much? • First, last, most recent? **Coping** • How have you made it this far? • How have you accomplished what you have? **Position questions** • Is it important to you that you have taken these steps? • Why? **Relationship questions** Who would be most pleased that you have taken these steps? **Network** Who helps? **Scaling** • Safety/danger, progress • What is keeping the number as high as it is?	Questions of genuine curiosity Assumptions that best-made plans do not always work out as they should Behavioral detail Impact on the child "Voice" of the child **Preferred future questions** • How would you like things to be instead? • If we meet up in a year and things are better, what will they look like? **Position questions** What kind of difference would it make for you to take this step? **Scaling** • What does up by one look like? Up by two? • Willingness, confidence, capacity **Relationship questions** • What do other people hope will happen? • What can they do to help? • What kind of difference would it make to your children to take these steps? **Monitoring questions** • How will we know this is working? • Who will have to see what?

Handout by Philip Decter

POSSIBLE QUESTIONS FOR AN APPRECIATIVE INQUIRY INTERVIEW[1]

Using the EARS Model: Eliciting, Amplifying, Reflecting, Start Over

ELICITING QUESTIONS

Choose one

Can you tell me about:

- ☐ Recent work about which you feel particularly good?
- ☐ When you got stuck while working with a family, yet still made progress?
- ☐ When a situation you cared about had the potential to become a "train wreck," yet you were able to manage this difficult situation?

AMPLIFYING QUESTIONS

Choose four to eight, at least one from each area

AREA 1

- ☐ Where did this happen?
- ☐ When did this happen?
- ☐ Who else was involved?
- ☐ How did you make this happen?
- ☐ What else did you do? What else? And what else?

AREA 2

- ☐ How did you get the idea to do it that way?
- ☐ Was that hard for you to do?
- ☐ What was the hardest part of this work for you?
- ☐ Even though that part was hard, how did you keep it going?

AREA 3

- ☐ What did the other person do to build this success?
- ☐ What would that person say you did to help achieve the outcome?
- ☐ How did you know you were helping?
- ☐ What changes did you see in that person that showed you were helping?

AREA 4

- ☐ What made you most proud about this situation?
- ☐ If we had a video of you doing that proudest thing, what would we see?
- ☐ What practices go into doing that?
- ☐ What steps went into those practices?

[1] Adapted from Turnell, A. (in press). Building a culture of appreciative inquiry around child protection practice. In Turnell, A., *Building safety in child protection practice: Working with a strengths and solution focus in an environment of risk*. Palgrave Macmillan. For more information, contact author at andrew.turnell@signsofsafety.net

REFLECTING QUESTIONS

Choose at least two.

- ☐ What would you like to bring from this work to similar situations?
- ☐ What would you share from this work with colleagues in similar situations?
- ☐ What was the most important thing you learned from this work?
- ☐ What would you like to do with what you learned? How would you like to bring it into your work?
- ☐ What does your answer to the previous question say about what you value?
- ☐ What does that say about your hopes and dreams for this work?
- ☐ What does that say about what you are committed to and what you stand for?

START OVER

- ☐ Repeat as needed, especially when addressing multiple issues in one session.

INTERVIEW WRAP-UP

- ☐ What have you learned or relearned about yourself or your work from this conversation?
- ☐ What kind of difference, if any, does it make to hear yourself say these things out loud today?

RISK ACTIVITY

Read each statement in the following table, identify which risk item it pertains to, and determine how it would be answered and the impact on the risk assessment score for abuse and neglect.

STATEMENT	CORRESPONDING RISK ITEM(S)	SCORE NEGLECT & ABUSE
1. Family has three previous investigations: two for neglect and one for abuse.		
2. A 3-year-old child is diagnosed with cerebral palsy.		
3. Dad (primary caregiver) says he told his child to stop a behavior or they would get a timeout. The child did not stop, and so he locked the child in a closet.		
4. Dad (secondary caregiver) has a history with the department as a child victim.		
5. Mom (primary caregiver) is diagnosed with depression. She is currently seeing a therapist and taking antidepressants.		
6. Dad (secondary caregiver) denies having a drinking problem and has never received treatment. He drinks every day, has lost his job due to showing up drunk multiple times, and was arrested last month for drunken driving.		
7. Family's home does not have gas for heat, and the electric oven is used to keep it warm.		

OVERRIDE WORKSHEET

#	SCORED RISK LEVEL	FINAL RISK LEVEL	RATIONALE	APPROVE?
1	Moderate	High	Father is dependent on opioids.	○ Yes ○ No
2	Low	Moderate	First-time caregiver of infant	○ Yes ○ No
3	Moderate	High	First-time caregiver of infant AND no support system AND evidence of missed opportunities to demonstrate protection, such as not coming to the hospital to meet with nurses to learn care and not demonstrating safe holding or feeding.	○ Yes ○ No
4	Moderate	High	Mother wants a program that is available only to families with an open case.	○ Yes ○ No
5	High	Very high	Caregivers were hostile and resistant.	○ Yes ○ No
6	Moderate	High	The abuse incident occurred in a context of extreme stress, and caregiver remains under extreme stress.	○ Yes ○ No

OVERRIDE RISK LEVEL OR ALTERNATIVE ACTION

#	SITUATION	OVERRIDE RISK?	DOCUMENT ALTERNATIVE ACTION?
1	Risk level is high. Family had an open case in the past year. They worked hard and reduced their risk and achieved safety. The current report was a misunderstanding, and there has been no new harm. The family members continue to work on actions of protection they learned. All the things that contributed to reduced risk before case closure are still in place. They have kept their family team, and they have good support. They are working with the same professionals from their previous open case, and the professionals say the family is doing well. Everyone agrees to call the hotline if something worries them.	○ Yes ○ No	○ Yes ○ No
2	Risk level is moderate. Mother wants a program that is available only to families with an open case.	○ Yes ○ No	○ Yes ○ No
3	Risk level is very high. The reported incident could not be confirmed or ruled out. Evidence would not support a petition to court. No safety threat is identified. The family declines services.	○ Yes ○ No	○ Yes ○ No
4	Risk level is very high. The current incident is unfounded, all children are under 5, and parents are isolated.	○ Yes ○ No	○ Yes ○ No

EVIDENT CHANGE
Inform Systems. Transform Lives.

TALKING WITH FAMILIES ABOUT RISK

WHY?

- Nothing about us without us
- Knowing your risk can inform your decisions

EXAMPLES

Insurance

Age
Gender
Driving history

→ Higher or lower likelihood of making a claim

Health

Genetics
Blood pressure
Diet and exercise
Smoking

→ Higher or lower likelihood of having a heart attack

Weather

Cloud patterns
Barometric pressure
Wind speed

→ Higher or lower likelihood of rain

KEY POINTS

- "High risk" does not guarantee something will happen.
- "Low risk" does not guarantee something will *not* happen.
- "High risk" means that what is happening in your family right now is similar to what has happened in other families that led to one or more additional child protection calls. In some of these cases, this may mean that a child was actually harmed.
- A lot of things that can cause your risk level to be high are not in your control. Other things can be affected by decisions we make.

SAMPLE STATEMENTS FOR SOCIAL WORKERS

- Tell me about your kids, the things you love about them, and how you have overcome challenges for them.
- Tell me about a day in the life of your family, the fun stuff and the challenges.
- Tell me about the values that are important to you about raising children.
- Tell me about you. What has your path in life been like? What challenges did you face as a child? What challenges have you faced in the last few years?
- Let's look at some of the items that have your risk elevated right now. How can we help you make changes that can lower some of your stress?

A TALE OF TWO RISK SCORES

Let's take a closer look at some SDM risk classifications for two families. While the SDM risk assessment assigns an overall risk classification to households with allegations to support decisions about service intervention, this risk classification should be combined with other information and good social worker skills and judgment to *support* decisions, not make them.

Directions: Using the SDM risk assessment definitions, compare the following risk classification for two households where an in-person investigation has just occurred. Note that the abuse total is included at the bottom, but the scores for each item in this table are just the neglect scores. Answer the questions that follow the table in small groups.

	THREE-TEENS HOUSEHOLD	THREE-UNDER-5 HOUSEHOLD
1 "prior neglect investigations"	2	0
2 "prior abuse investigations"	1	0
3 "prior case, not still open"	1	0
4 "prior physical injury"	0	0
5 "current report = neglect"	1	1
6 "four or more children"	0	0
7 "caregiver blames child"	0	0
8 "youngest child under 2"	0	1
9 "children in the household . . . developmental disability"	0	1
10 "housing is unsafe, or homeless"	0	0
11 "two or more incidents of domestic violence"	0	0
12 "employs appropriate/inappropriate discipline"	0	0
13 "caregiver history of abuse or neglect as a child"	0	1
14 "caregiver mental health"	0	1
15 "alcohol or drug use"	0	1
16 "one or more criminal arrests"	1	0
Neglect score (6–8 = high)	6	6
Abuse score (5–7 = high)	6 (includes 1 from item 4)	5
Final score (the higher of the abuse and neglect)	High	High

DISCUSSION QUESTIONS

- What jumps out about various items in the different households based upon the children's ages?
- Which items could benefit from services or support?
- Which items speak to the current circumstances for the children in the home?
- How could decisions about service interventions be guided by this information?

REUNIFICATION ASSESSMENT TREASURE HUNT

Instructions: Fill in each blank with the correct word or phrase.

1. On the reunification risk reassessment, compliance with or attendance of services is _____ sufficient to indicate behavioral change.

2. If a caregiver demonstrates new skills and behaviors consistent with all family case plan objectives and is actively engaged to maintain objectives, they should be scored as _____.

3. Policy overrides on the reunification assessment increase the risk level to _____.

4. When evaluating visitation frequency, "totally" means the caregiver regularly attends visits or calls in advance to reschedule with _____% to _____% compliance.

5. "Routine" visitation frequency indicates _____% to _____% compliance with the visitation plan.

6. Visitation quality rated as "strong" or "adequate" means the caregiver consistently demonstrates acts of _____ and supportive behaviors toward the child.

7. When calculating visitation frequency, divide the total number of _____ visits by the number of _____ visits.

8. Prior to assessing current safety on the reunification assessment, the worker should review the _____ _____ that led to removal.

9. A safety decision of "safe with plan" requires that a _____ _____ be completed.

10. For children under age 3 at time of removal, if it is after the _____-month hearing and reunification risk level is high or very high, the recommendation is to pursue permanency alternative.

11. For children age 3 or older at time of removal, the recommendation to pursue permanency alternative occurs if it is after the _____-month hearing, risk is high or very high, and visitation/progress is unacceptable.

12. The reunification assessment should be completed at a minimum every _____ months from point of removal.

13. If adequate time has passed to demonstrate case plan progress, it is recommended to complete the reunification assessment every _____ days.

14. A policy override applies when there has been sexual abuse, the perpetrator has access to the child, and the perpetrator has not successfully completed _____.

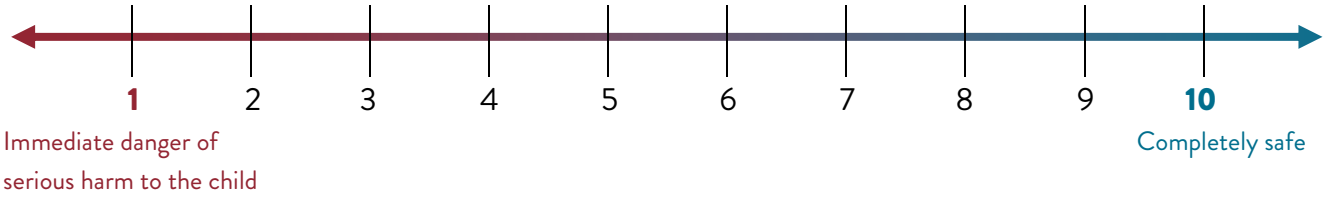
15. The reunification assessment guides the decision to return a child home, continue FR services, or pursue a _____ _____.

REUNIFICATION DISCUSSION GUIDE

For Monthly Contacts With Parents and Child and Family Team Meetings

SAFETY: Review the safety goal, what is going well for the family, and the progress they see themselves making. If there is no safety goal, this is an urgent issue and needs to be addressed, possibly in a Child and Family Team (CFT) meeting. Then ask:

If 1 is immediate danger of serious harm and 10 is completely safe, what would you select for your household?



Review the worries and the danger statement formulated for the case plan. Ask follow-up questions such as:

What makes it a __ and not a 1? What number do you think [person in their network] would select? Why? What could we do together and with your safety network to move up by 1 by next month?

VISITATION: Next, address visitation quantity and quality.

How often can you attend your visits? On a 1–10 scale where 1 is not at all and 10 is all the time, what would you select for each of these descriptions? If there are siblings, how is the score different based on each child's age?

The caregiver . . .

- Does something to protect the child if anything threatens them during a visit;
- Pays attention to the child's behavior and meets any child needs that come up;
- Knows what their child needs in general and tries to meet those needs;
- Sets good rules and helps the child learn right from wrong in a helpful way;
- Focuses on the child instead of distractions, such as phones or such as problems that cannot be resolved at the visit;
- Asks about and cares about the child's school experience, activities, and doctor visits; and
- Takes care of the child before doing things for themself.

CASE PLAN PROGRESS: Last, address behavior change resulting from case plan activity participation.

Let's look at what is on your case plan. Using the same 1–10 scale, how much behavior change have you accomplished? How actively are you using available services? What barriers could you use help overcoming? Who in your network could we ask for support from?

SDM POLICY AND PROCEDURES MANUAL CRITERIA	CONVERSATIONAL SUGGESTION
Consistently demonstrates acts of protection and supportive behaviors toward the child that are consistent with case plan objectives.	If anything threatens the child during a visit, the caregiver does something to protect them.
Demonstrates an ability to recognize child's behaviors and cues; generally responds appropriately to behaviors and cues.	The caregiver pays attention to the child's behavior and meets any child needs that come up.
Identifies the child's physical and emotional needs; responds adequately to these needs.	The caregiver knows what their child needs in general and tries to meet those needs.
Demonstrates effective limit-setting and discipline strategies.	The caregiver sets good rules and helps the child learn right from wrong in a helpful way.
Demonstrates a focus on the child during visits; shows empathy to child.	The caregiver focuses on the child instead of distractions, such as phones or such as problems that cannot be resolved at the visit.
Demonstrates interest in school, other child activities, medical appointments, etc.	The caregiver asks about and cares about the child's school experience, activities, and doctor visits. The caregiver is informed that they can attend the child's medical, dental, school, and other appointments.
Demonstrates behaviors that prioritize the child's needs over their own.	The caregiver takes care of the child before doing things for themself.

RISK REASSESSMENT PRACTICE

Read each statement, identify which risk item it pertains to, and determine how the risk reassessment would be scored for it.

STATEMENT	CORRESPONDING RISK ITEM	SCORE
1. Family has three previous investigations: two for neglect and one for abuse.		
2. A 3-year-old is diagnosed with autism.		
3. Primary parent (only caregiver) has made great progress toward case plan goals, attending services and demonstrating and employing new parenting strategies.		
4. Secondary parent has a history with CPS as a child victim. Primary parent reports they do not.		
5. Primary parent is diagnosed with depression. The parent is seeing a therapist and taking antidepressants and reports feeling much more grounded since participating in sessions.		
6. Secondary parent denies having a drinking problem and has never received treatment or been encouraged to seek treatment by anyone. Primary parent reports drinking every day, has lost their job after showing up drunk multiple times, and was arrested last month on allegations of drunken driving, even after involvement with child protection.		
7. Primary and secondary parents report having one or two verbal arguments that resulted in one parent leaving the household to "cool off." They reported that they resolved the issue upon the other's return without any incidents. Both deny any physical assaults or arguments resulting in violence or requiring police involvement. All collateral contacts support this information.		

SMALL-GROUP DISCUSSION ON RISK

INSTRUCTIONS

In your small group, discuss the following. Feel free to share your experiences and insights openly.

- How often do you talk to families about their risk level currently?
- What do those conversations look like?
- Can you think of a time when it was easy to talk to a family about their risk level? A time when it was difficult? What made the difference?
- What support would help you in having conversations with families about risk?

NOTES

THE "VOICE" OF THE SDM MODEL

WHEN

In a group or individual case consult session that is related to a key decision: whether to remove a child, open a case, develop a plan for child safety or family action plan, return a child home, change permanency goal, or close a case.

WHY

1. To help focus the conversation on what is most relevant to the decision at hand.
2. To help distinguish danger from complicating factors.

HOW

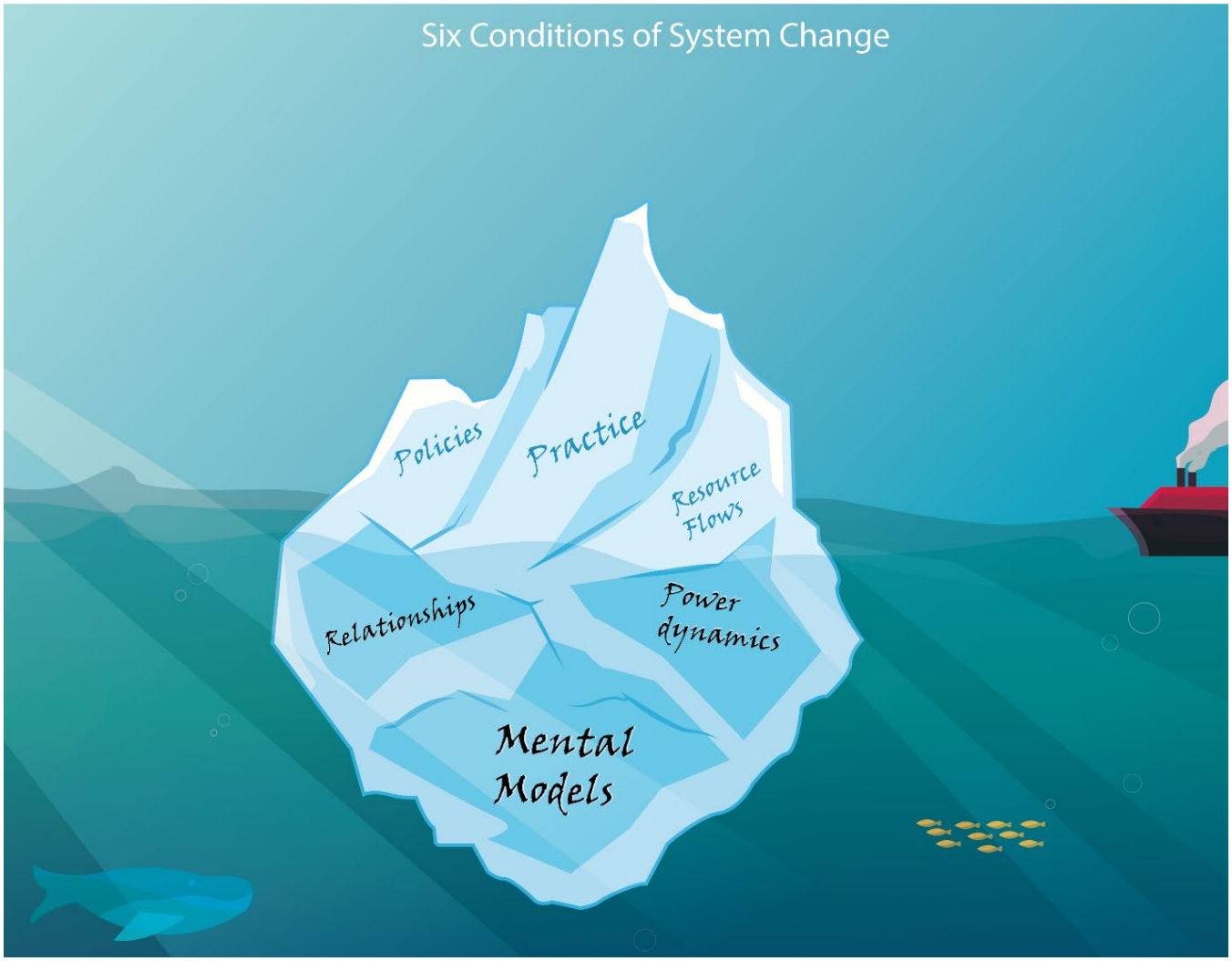
1. One person in the group is designated the "voice" of the SDM model.
2. That person follows along on the relevant SDM assessment and definitions throughout the consult.
3. The "voice" of the SDM model should ask the group to pause if it:
   - Spends more than a few moments on information that is not relevant;
   - Gets stuck on whether something is a danger versus a complicating factor or a strength versus a protective action;
   - Misidentifies something as a danger, complicating factor, strength, or protective action; and/or
   - Moves toward "what needs to happen" before covering all relevant information to have a shared definition of the problem.
4. If the group needs to pause, the "voice" should read the relevant item and/or definition. The person facilitating should then ask questions to help surface the necessary information.

EXAMPLES

1. In a case consultation, the group is talking about the extensive arguing and occasional physical fights between parents. Some people in the group see this as harm, while others see it as a complicating factor. The consult's purpose is deciding whether the child needs to be removed. The "voice" should read the SDM safety threat definition for domestic violence. The facilitator should then use the definition to craft questions that will surface behavioral detail that, based on the definition, will help sort whether domestic violence creates imminent risk of serious harm based on caregiver actions in *this* family and the impact on the child.

2. In a case consultation to determine whether a child should be reunified, the group is getting sidetracked by an issue related to the child's behavior in school that is unrelated to risk, family time, or safety. The "voice" should pause and redirect the group to any aspects of reunification risk or safety that have yet to surface.

SIX CONDITIONS OF SYSTEMS CHANGE



TECHNICAL PROBLEMS, ADAPTIVE CHALLENGES, AND APPROACHES TO LEARNING

Psychologist Ronald Heifetz has made a distinction between two kinds of challenges we face in our work: Technical problems and adaptive challenges.

A **technical problem** yields a right answer through the application of an appropriate and pre-made plan. Many problems in mathematics, science, engineering, or business feature technical problems that have right answers that "fit" the problem. We can usually address these by working "above the waterline" of the iceberg.

An **adaptive challenge** does not have a clear, premade particular or certain answer. Adaptive problems are real-world problems where data are uncertain, conflicting, or ambiguous; where people can reasonably disagree about appropriate actions to resolve the problem or where personal ethics or values are in conflict. These challenges require that we address what is "below the waterline" of the iceberg.

CHARACTERISTICS OF TECHNICAL PROBLEMS

- Easy to identify
- Solutions can often be implemented quickly—even by edict
- Often lend themselves to quick and easy (cut-and-dried) solutions
- Often can be solved by an authority or expert
- Require change in very few places; often contained within clear boundaries
- People are generally receptive to technical solutions.

CHARACTERISTICS OF ADAPTIVE CHALLENGES

- Difficult to identify
- Require changes in values, beliefs, roles, relationships, and approaches to learning
- Require people with the challenge to be involved in the work of solving it
- Require change in numerous places; usually cross organizational boundaries
- People often resist even acknowledging adaptive challenges.
- "Solutions" require experiments and discovery; usually an approach to learning

EXAMPLES OF TECHNICAL PROBLEMS

- How do you refer a family for services?
- How do you fill out a foster care referral form?
- How do I log a note in an IT system?
- How do I make a mandated report?
- What kind of "release of information" needs to be signed to invite network members to a family team meeting?

EXAMPLES OF ADAPTIVE CHALLENGES

- What kind of services will be most effective for this family?
- Will this young person do better in this foster care placement?
- How do I document all the nuances of what occurred on this home visit in the IT system?
- Do I tell the family that I am making a mandated report?
- Who from the network should be invited to this family team meeting? How can I work with the parents to make some agreements about who will be invited?

RESPONDING TO ADAPTIVE CHALLENGES

"There is nothing trivial about solving technical problems. Technical challenges can be life threatening and technical problem-solving can be life-saving. But the urgency or importance of the challenge is not what distinguishes an adaptive problem from a technical one. An adaptive challenge is primarily one that requires people to develop brand new ways of thinking or doing things."—Heifetz

Responding to both technical problems and adaptive challenges is not easy. Technical problems were once adaptive challenges that we have now found more direct and clear solutions for—but it does not mean it is simple or easy. What distinguishes adaptive challenges is that they essentially require an approach to problem solving similar to experimentation—where you as a practitioner have to set yourself and the challenge up for observation, testing and learning.

In some ways the heart of responding to adaptive challenges requires a humility—there is no way to know at the outset of your work what the impact of your intervention is going to be. It is not dissimilar to "feeling your way" in the dark—hands outstretched trying to make sure you do not hit your head or stub your toe.

Some of the key questions you can consider when approaching adaptive challenges:

- What are the areas you are hoping to have an influence on?
- How can you set yourself up in a position to have the maximum influence possible?

- Whose help will you need to do this?
- How will you be in partnership with them?
- How will you know if what you are doing is having the desired effect?
- What kinds of actions will become available once you take your first steps?

HELPING OTHERS RESPOND TO ADAPTIVE CHALLENGES

"When you obtain a position of significant authority, people inevitably expect you to treat adaptive challenges as if they were technical—to provide a remedy that will restore equilibrium with the least amount of pain and in the shortest amount of time.

That puts an enormous amount of pressure to have an 'answer' rather than raise (and sit with) the really tough questions." —Heifetz

People who are thought of as leaders in organizations are often sought out by supervisees or learners when they are faced with adaptive challenges. These people can be seeking a technical or "simple" solution to their adaptive problem, and the pressure to provide that can be great.

While there will undoubtedly be moments you need to provide direct, immediate ideas and next steps, learning to recognize when people are approaching you to provide for technical solutions to their adaptive problems can help you learn how to best coach and support new learning.

SOME QUESTIONS YOU CAN CONSIDER AT MOMENTS LIKE THESE

- How urgently is a solution needed? Is there time to slow down and help the person seeking help to see that this is an adaptive challenge?
- What is at the heart of what the person seeking assistance is looking for? What part of that might they already have an answer for?
- How are they approaching the problem? What parts of their approach recognize that it is an adaptive problem and create conditions for experimentation and learning?
- Who are they working with to help solve it? Who are they in dialogue or partnership with? Who else would they need to connect with in order to help move forward?
- How would they know if they were doing was working?

NEXT STEPS

Thinking about this distinction can open new possibilities in your leadership and help you confront new dilemmas. As you move forward, you might consider the following questions.

- What are the technical problems you are faced with every day, the ones that you hear about over and over again? What "simple solutions" might help people be better prepared to respond to these without your aid?
- Which adaptive challenges do you get faced with more regularly? The ones that make you "stop in your tracks"? Are there patterns in the adaptive challenges you are facing? With families? With staff? What do you notice coming up again and again?
- When you are at your best, how do you approach those adaptive challenges?
- Who or what helps you to do this?
- Whose help do you need to continue to do more of that?
- How will you know when you have been successful?

FOR MORE INFORMATION, SEE

Heifetz, R. (1994). *Leadership without easy answers.* Harvard University Press.

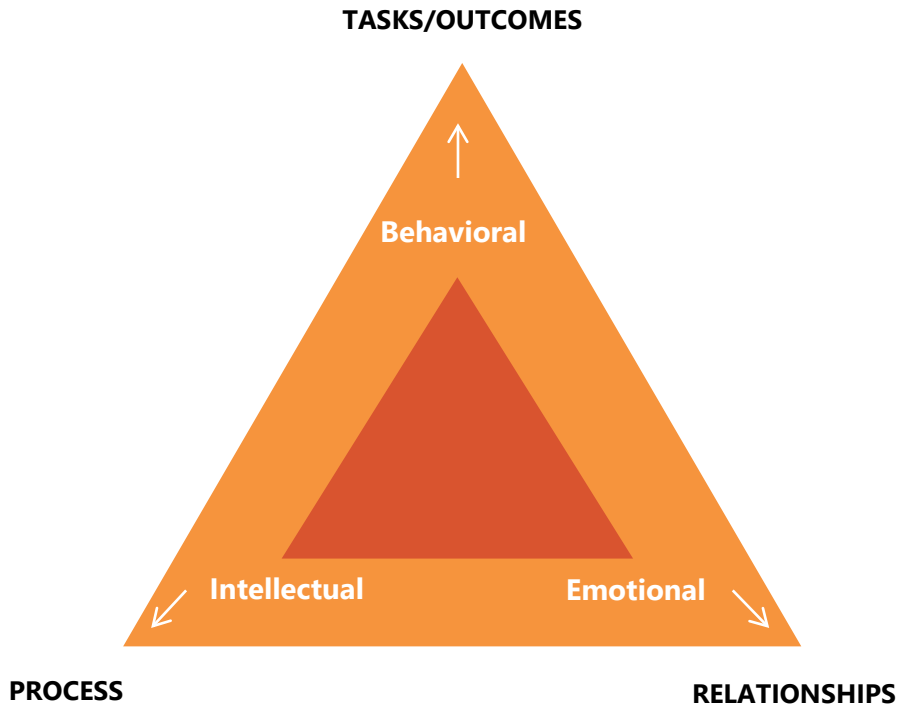
Heifetz, R., Grashow, A., & Linsky, M. (2009). *The practice of adaptive leadership: Tools and tactics for changing your organization and the world*. Harvard University Press.

DIMENSIONS OF SUCCESS

RELATIONSHIPS characterized by openness, honesty, and a collaborative attitude.

PROCESS characterized by participation and the exchange of information in ways that promote understanding and decision making.

TASKS/OUTCOMES from this process based on informed decisions, clear and shared understandings, and clarity about roles.



Supervisors must help workers connect with the work *emotionally*, not just intellectually, before they will shift their behavior or practice.[2]

[2] Adapted from Interactional Institute for Social Change and VISIONS, Inc.

FACILITATIVE SUPERVISOR KEY PRACTICES

THINKS CRITICALLY

Engages in the process of problem solving, decision making, giving consideration to external data, and evaluating one's own assumptions and biases to fully assess and generate the greatest clarity possible about what is happening in any given situation.

STRUCTURES SUPERVISION

Conducts supervision in multiple formats such as individual, group, and ad hoc consultation, using inquiry and facilitative behaviors to promote social workers' best practices.

COACHES SUPERVISEES

Coaches supervisees to encourage learning related to their individual caseloads as well as their long-term professional development.

MANAGES RELATIONSHIPS

Assist supervisees with managing relationships with colleagues, families, and external partners to minimize conflict and engage people in productive relationships.

ADAPTS APPROACHES

Customizes approaches to supervision based on the developmental stages, learning styles, strengths, and challenges of their individual supervisees.

PROMOTES ACCOUNTABILITY

Focuses attention on information and performance measures in order to continually reassess and make adjustments to achieve agency outcomes.

BREAKOUT GROUP: FACILITATIVE SUPERVISOR KEY PRACTICES AND ACTIVITIES

Place a checkmark next to all the activities you engage in at your job. Next, put a plus sign next to activities that you do especially well and a delta sign (or a minus sign) next to areas where you think you need improvement. After your self-review, talk as a group and add more activities related to each of the key practices, your role in Safety-Organized Practice (SOP), and your job responsibilities.

THINKS CRITICALLY

- Recognizes the role that cultural differences play in engaging staff and families
- Assesses situations
- Helps to develop case formulations
- Solves problems with workers to assist families
- Assesses safety
- Assesses danger
- Strategizes about ways to engage families
- Analyzes information from the SDM assessment tools to make decisions
- Assesses potentially dangerous situations in the field
- Expands thinking about definitions of family
- Assists workers with diligent searches
- Helps workers to identify and access resources
- Recruits and selects workers based on requirements of the job and unit fit

What else?

STRUCTURES SUPERVISION

- Meets with workers one-on-one on a regular basis using dialogue structure and case consultation framework
- Reviews cases with workers methodically
- Provides group supervision/case consultation/teaming to review challenging cases on a regular basis
- Manages group dynamics during group supervision/case consultation
- Uses solution-focused questions to extract information

What else?

COACHES SUPERVISEES

- Uses solution-focused questions to guide workers in making decisions
- Helps make determinations for differential response (if applicable)
- Assists workers in identifying supports or services to meet family needs
- Identifies strengths and needs of workers
- Helps workers identify the presence of protection
- Reviews assessments using coaching techniques
- Guides workers through mapping in cases
- Gives and receives balanced feedback
- Guides workers to learning opportunities
- Creates professional development plans with workers
- Guides workers using coaching techniques to improve communication and interactions with families
- Reflects with workers on how cultural differences (all aspects of one's identity contribute to culture) influence their interactions with a family.
- Guides workers through the use of the SDM assessment tools
- Helps workers differentiate between decisions about safety and risk
- Uses coaching techniques to determine appropriateness of case closure
- Teaches about new policies and practices and implications for practice
- Encourages use of family engagement techniques
- Orients new workers to agency policy and practice
- Educates workers on child development
- Models strengths-based techniques

What else?

MANAGES RELATIONSHIPS

- Promotes awareness of self and others by acknowledging the differences between self and staff
- Displays willingness to address conflicts using the multicultural guidelines as a support tool
- Shares awareness of institutional and interpersonal oppression in the workplace with staff and is willing to name it and address it
- Models and encourages positive, engaging relationships with families
- Builds collaborative relationships with community partners
- Brings a trauma-informed lens to staff development and promotes stress management and self-care
- Builds team cohesion within the unit
- Helps to reach common understanding on cases with team members

- Mediates conflict within the units and within the office

What else?

ADAPTS APPROACHES

- Accommodates different learning styles when teaching workers
- Revises approach to supervision based on workers' lengths of tenure with agency, ages, strengths, and challenges
- Addresses job-related stress and secondary trauma and customizes strategies for managing these issues
- Distributes and manages caseloads effectively
- Motivates workers individually
- Is accessible to workers based on individual needs
- Explores how each worker's whole identity requires a unique approach for successful supervision
- Matches approach to workers' developmental stages
- Recognizes achievement

What else?

PROMOTES ACCOUNTABILITY

- Documents activities as necessary
- Monitors key indicators
- Uses data for decision making
- Shares data reports with workers
- Ensures home visits are conducted according to policy and good practice
- Guides workers to make out-of-home permanency plans for children as a last resort
- Monitors individual and unit caseloads
- Assesses individual performance
- Develops performance improvement plans with the worker when performance is not meeting standards
- Ensures that families' cultural heritage, identity, and affiliations are explored and documented
- Focuses on the outcomes of safety, permanency, and well-being
- Helps workers achieve accountability and realization of practice values while using the multicultural guidelines

What else?

THE FACILITATIVE SUPERVISOR SELF-ASSESSMENT

Supervisor Name: _____ **Date:** _____

THINKS CRITICALLY The process of problem solving, decision making, considering external data, and evaluating our own assumptions and biases to fully assess and generate the greatest clarity possible about what is happening in any given situation.			
Item	**1: EMERGENT PRACTICE**	**2: ACCOMPLISHED PRACTICE**	**3: DISTINGUISHED PRACTICE**
1. Knows and uses a questioning approach to joint problem solving (e.g., appreciative inquiry, solution-focused interviewing, motivational interviewing).	Has recently been introduced to a questioning approach to problem solving and does not use that problem-solving method yet. Without this skill, sometimes ignores problems or uses an inappropriate or ineffective approach to resolving problems. Cannot differentiate between technical and adaptive problems. Often considers problems to be equally important/urgent, which interferes with prioritization.	Has learned a questioning approach to problem solving and follows this protocol when resolving problems with workers or cases. Differentiates among types of problems and knows how to prioritize problem-solving efforts based on urgency; can solve problems effectively.	Can teach, mentor, or coach another supervisor about problem solving and help them to become competent.

THINKS CRITICALLY The process of problem solving, decision making, considering external data, and evaluating our own assumptions and biases to fully assess and generate the greatest clarity possible about what is happening in any given situation.			
Item	**1: EMERGENT PRACTICE**	**2: ACCOMPLISHED PRACTICE**	**3: DISTINGUISHED PRACTICE**
2. Applies critical thinking skills in all aspects of casework.	Tends to take information that workers share at face value without probing for more information or challenging attributions and early hypotheses about what is happening in the case and ways to intervene effectively in families. Thus, many families needlessly enter the system while some children are left in dangerous situations at home or in foster care.	Routinely applies critical thinking skills when talking with workers about casework. Helps workers challenge early assumptions about families and question hypotheses until the best evidence is unearthed, so that appropriate decisions can be made about presence of safety, family strengths, danger, and risk. Also uses these skills when helping workers assess achievement of case goals and find useful resources for families and children.	Can teach, mentor, and coach other supervisors about how to hone critical thinking skills and use them to challenge workers to do their best work with families and children.
3. Understands the role of cultural differences when joint problem solving.	Does not yet have awareness of how cultural differences (e.g., race, class, sexual orientation, gender, immigration status) can create barriers to effective problem solving if not considered as part of diagnosing and assessing the issues at hand.	Recognizes the value in consistently asking for the ways a family is culturally different from the worker to ensure effective case practice. Ensures that the worker has a means to assess the meaning of culture for all families, encourages open discussion of differences, and responds to culturally biased cues.	Can teach, mentor, and coach other supervisors about how to support workers as they advocate for and with families against the institutional and interpersonal devaluation of different cultural experiences.

STRUCTURES SUPERVISION Conducts supervision in multiple formats such as individual, group, and ad hoc consultation, using inquiry and facilitative behaviors to promote social workers' best practices.			
Item	**1: EMERGENT PRACTICE**	**2: ACCOMPLISHED PRACTICE**	**3: DISTINGUISHED PRACTICE**
1. Meets regularly with workers one-on-one to methodically review cases, extract key information about cases, and help workers make more informed decisions and practice more effectively.	Only meets with staff during crises. Does not yet set aside time to methodically review cases with individual workers so as to extract key information about cases and help workers make more informed decisions and practice more effectively. Does not yet notice or understand how the cultural differences between the supervisor and the social worker affect the relationship.	Regularly meets with workers one-on-one to methodically review cases, extract key information about cases, and help workers make more informed decisions and practice more effectively. Has an understanding that cultural competence is an ongoing learning process that is integral and central to daily supervision. Continually evaluates growth and development throughout different levels of cultural competence in practice.	Can teach, mentor, or coach another supervisor about how to meet with workers to extract essential information through the use of critical questions based on critical thinking skills.
2. Able to lead case consultation or group supervision and develop sound clinical solutions for the cases under review.	Is learning how to facilitate meetings. Cannot yet help staff develop sound clinical solutions for the cases under review. Does not currently have a common language or process to support cultural differences during case consultations or group supervision.	Able to facilitate and manage group dynamics while all participate in problem solving. Helps staff develop sound clinical solutions for the cases under review by asking solution-focused questions to surface answers from workers. Uses common language and process to support the cultural differences during case consultations or group supervision.	Can teach, mentor, or coach another supervisor about how to facilitate meetings.

COACHES SUPERVISEES Coaches supervisees to encourage learning related to their individual caseloads as well as their long-term professional development.			
Item	**1: EMERGENT PRACTICE**	**2: ACCOMPLISHED PRACTICE**	**3: DISTINGUISHED PRACTICE**
1. Helps create the changes in staff behaviors needed to use the SOP model effectively to enhance staff's ability to reach safety outcomes.	Is still learning SOP and how to enhance staff ability to use the practice techniques to reach desired safety outcomes. Sometimes provides programmatic services without regard to outcomes; considers providing program services as large purpose of job; and does not always ensure that staff seek to understand what issues brought the family to the agency or what steps are required to achieve targeted outcomes.	Demonstrates an understanding of SOP and works diligently to enhance staff ability to use the practice model to reach desired safety outcomes. Provides programmatic services and generally understands the need for a holistic trauma-informed approach to providing services. Encourages staff to regularly partner with families to identify targeted outcomes and plan approaches to achieve those outcomes.	Can teach, mentor, or coach another supervisor about how to implement SOP to reach safety outcomes.
2. Demonstrates knowledge and ability to direct workers in SOP, including engagement and partnering, acknowledging differences, inclusion of child's "voice," building networks, and planning for future safety.	Is becoming more used to SOP, including engagement and partnering, acknowledging differences, inclusion of child's "voice," building networks, and planning for future safety. Does not yet know how to support workers in using these principles in their own practices.	Can articulate SOP principles, including engagement and partnering, acknowledging differences, inclusion of child's "voice," building networks, and planning for future safety. Models these principles/coaches workers on using them in their own practices.	Can teach, mentor, or coach another supervisor about how to engage and partner, acknowledge differences, include child's "voice," build networks, and plan for future safety.
3. Advises workers in appropriate questions to facilitate assessment of individual and/or family needs (including foster families).	Has become more familiar with advising workers to ask appropriate questions so that they will not miss critical questions that make it impossible to complete a comprehensive assessment of family needs.	Advises workers to ask appropriate questions, including the most critical questions, that make it possible to complete an assessment of family needs.	Can teach, mentor, or coach another supervisor about how to guide workers in asking appropriate and critical questions for assessment of individual and family needs.

COACHES SUPERVISEES Coaches supervisees to encourage learning related to their individual caseloads as well as their long-term professional development.			
Item	**1: EMERGENT PRACTICE**	**2: ACCOMPLISHED PRACTICE**	**3: DISTINGUISHED PRACTICE**
4. Can help workers engage families and collaterals in obtaining appropriate information needed for assessment and case planning.	Has become more familiar with the importance of engaging families and collaterals so they can obtain appropriate information needed for assessment and case planning.	Guides social workers in engaging families and collaterals so they can obtain appropriate information needed for assessment and case planning.	Can teach, mentor, or coach another supervisor about how to guide workers in engaging families and collaterals for assessment and case planning.

MANAGES RELATIONSHIPS Assists supervisees in managing relationships with colleagues, families, and external partners to minimize conflict and engage people in productive relationships.			
Item	**1: EMERGENT PRACTICE**	**2: ACCOMPLISHED PRACTICE**	**3: DISTINGUISHED PRACTICE**
1. Interacts with members of all groups (ethnic, racial, religious, sexual orientation, social class, age, etc.) in a manner that enhances ability to reach desired outcomes.	Recently working with staff who have not been exposed to or had many direct experiences with oppressed groups and/or cultures or races other than their own. Beginning to learn how to intervene with staff who behave with insensitivity or overt prejudice, subjectivity, or bias toward members of oppressed groups. Does not yet know how to maximize values or strengths of cultural diversity. Is attaining new knowledge of cultures, race relations, and ways to foster multicultural skills in the workplace.	Can ensure that workers serve all individual needs objectively and with concern. Ensures that staff members do not appear threatened by other groups; focuses on strengths and challenges of staff who make assumptions about those being served. Seeks to surface differences with a spirit of curiosity and is working to reduce stereotyping in the workplace.	Can teach, mentor, or coach another supervisor to recognize, understand, and use differences both in supervisory and direct service practice.

MANAGES RELATIONSHIPS Assists supervisees in managing relationships with colleagues, families, and external partners to minimize conflict and engage people in productive relationships.			
Item	**1: EMERGENT PRACTICE**	**2: ACCOMPLISHED PRACTICE**	**3: DISTINGUISHED PRACTICE**
2. Interacts effectively with other agency and community members and actively seeks to build positive relationships with external partners to enhance collaboration and positive outcomes for children.	Does not fully grasp how to effectively interact with other agency and community members and seek to build positive relationships with external partners to enhance collaboration. Out of frustration, sometimes exhibits patronizing or antagonistic behaviors (e.g., gossip, argumentativeness, sarcasm) toward agency and community members that can inhibit collaboration and/or hinder positive outcomes for children.	Demonstrates exceptional skill and creativity in interacting with other agency and community members. Is building positive relationships with external partners to enhance collaboration through respectful interactions leading to positive outcomes for children. Has an awareness of how local service providers, given institutional, cultural, and possible language barriers, prevent culturally diverse clients from using or benefiting from the services.	Can teach, mentor, or coach another supervisor about how to interact with other agency and community members and build a collaborative network with shared responsibility for success.

ADAPTS APPROACHES Customizes approach to supervision based on worker developmental stages, learning styles, strengths, and challenges of individual supervisees.			
Item	**1: EMERGENT PRACTICE**	**2: ACCOMPLISHED PRACTICE**	**3: DISTINGUISHED PRACTICE**
1. Knows and uses effective levels of oversight and inquiry about case formulations with each worker based on the level of complexity of the cases and the strengths of the workers.	Has only recently been exposed to knowledge and strategies in how to supervise cases with individual social workers based on the level of complexity of the case and strengths of the workers to ensure manageable caseloads and appropriate case formulations. Workers on their team feel overwhelmed and often miss key timeframes in managing their cases.	Supervises cases with each worker based on the level of complexity of the case and strengths of the worker to ensure manageable caseloads, effective case formulations, and positive outcomes. Workers on their team, while stretched, meet most timeframes in managing their cases.	Can teach, mentor, or coach another supervisor about how to oversee cases and help workers form high-quality case formulations.
2. Accurately assesses workers' strengths and needs and incorporates their unique learning styles, lengths of tenure with the agency, and ages when teaching them policy and new techniques.	Has become more familiar with how to use appropriate tools (behavioral anchors of key practices, reports from management data, observation, discussion, problem solving, assessments) to assess workers' strengths, performance gaps, skills needed to close the gaps, behavioral styles, learning styles, and developmental (competence, willingness, and confidence) levels. Learning the importance of attending to such worker needs, such as secondary trauma.	Uses appropriate tools (behavioral anchors of key practices, reports from management data, observation, discussion, problem solving, assessments) to assess workers' strengths, performance gaps, skills needed to close the gaps, behavioral styles, learning styles, and developmental (competence, willingness, and confidence) levels. Attends to worker needs, such as those related to secondary trauma and self care.	Can teach, mentor, or coach another supervisor about how to accurately assess worker strengths and needs.

PROMOTES ACCOUNTABILITY Focuses attention on information and performance measures to continually reassess and make adjustments that will achieve agency outcomes.			
Item	**1: EMERGENT PRACTICE**	**2: ACCOMPLISHED PRACTICE**	**3: DISTINGUISHED PRACTICE**
1. Knows and uses the characteristics of effective feedback (interactive facilitation) for social workers (immediate, specific, objective, descriptive, behavioral, tied to learning, focused on sharing ideas, selective).	Has recently learned how to use effective feedback with workers on their team. Feedback is sometimes delayed, too general, subjective, and not behavior specific. Feedback is sometimes provided as directives or commands from an authority figure or addresses multiple areas of concern at the same time instead of a select few.	Knows and uses effective feedback for social workers. Allows workers to first reflect on their own practices before sharing their opinions. Feedback is immediate, specific, objective, and behavioral. Feedback is provided with some discussion or sharing of ideas. Feedback is generally limited to a few targeted areas.	Can teach, mentor, or coach another supervisor about giving effective feedback.
2. Uses data reports on key indicators of safety, permanency, and well-being with workers to ensure an outcome focus and as a basis for corrective action plans.	Has not developed the habit of regularly reviewing data reports on key indicators of safety, permanency, and well-being; therefore, does not use such reports in working with staff to ensure an outcome focus or as a vehicle for change.	Regularly uses data reports (including racial/ethnic and tribal affiliation demographic information) to monitor staff success in reaching safety, permanency, and well-being outcomes, and shares such information with staff to enhance a focus on outcomes and to help create change in daily practice. Highlights statistics of excellent practice and encourages workers to share with others how they did such good work. Individually identifies areas for growth with workers, one area at a time.	Can teach, mentor, or coach another supervisor about how to use data reports to ensure staff reach outcomes.

PROMOTES ACCOUNTABILITY Focuses attention on information and performance measures to continually reassess and make adjustments that will achieve agency outcomes.			
Item	**1: EMERGENT PRACTICE**	**2: ACCOMPLISHED PRACTICE**	**3: DISTINGUISHED PRACTICE**
3. Ensures key tasks are accomplished in all cases (e.g., making appropriate and timely permanency plans, conducting home visits, conducting visits with foster children, conducting extensive family-finding attempts, making appropriate levels of placement in out-of-home care).	Has not yet supervised in a way that ensures all case activities for each worker on their team are meeting all key timelines and practices known to lead to success in casework. Often approves case activities, including case promotion, reunification, and case closure based on clinical judgment alone without considering the decision-support tool disposition.	Routinely ensures key tasks are accomplished in all cases for each worker on their team, especially timelines and practices known to lead to success in casework. Promotes, reunifies, or closes cases based on full, balanced assessment of acts of protection, safety threats, and risk levels.	Can teach, mentor, or coach another supervisor about focusing on key tasks that facilitate achievement of outcomes for families and children.

TRANSFER OF LEARNING ACTIVITIES: A SUPERVISOR'S GUIDE TO SUPPORTING STAFF IN SDM TRAINING

BEFORE TRAINING

SET EXPECTATIONS AND OBJECTIVES.

As a supervisor or leader, you have unique knowledge of a staff member's on-the-job performance and can describe the specific gaps in knowledge and skills that a training intervention can address. Identify and share with your staff specific performance expectations. Review the learning objectives with your staff. Before the training activity, ask your staff what they hope to get out of the training. Set performance standards for after the training. Then explain precisely what you anticipate they will be able to do for your program with their new knowledge and skills.

DISCUSS THE TRAINING'S BENEFITS TO PARTICIPANTS' JOB DUTIES WITHIN YOUR ORGANIZATION.

Knowing the benefits will increase motivation to learn, create a personal connection to the training material that will help your staff own the learning process, and begin to integrate information into the workplace.

CREATE AN ACTION PLAN.

Once expectations are established, create an action plan with your staff on how and when they will be met. Supervisors and learners can use action plans as a monitoring tool to gauge progress, identify challenges, and work on solutions in implementing training in the workplace.

ALIGN TRAINING WITH CURRENT ORGANIZATIONAL PRACTICES.

Discuss how the training aligns with current practices. This will help staff understand the larger picture of the organization and its mission and their role in this picture. Are there practices, initiatives, or goals that could be served by this training? Is your staff aware of how their development aligns with the organization's mission?

LEARN ABOUT THE TRAINING CONTENT.

Supervisors who are aware of the training content can better model desired behaviors, explain post training expectations, and reinforce desired behaviors. Try some or all of the following.

- Review the course objectives and materials.
- Observe or participate in the training.
- Request coaching support if available to further enhance your team's strategy implementation.

AFTER TRAINING

CONDUCT A POST-TRAINING DEBRIEFING.

Set aside time to meet with your staff soon after the training to discuss the implications of what they learned. Allow your staff a few days to prepare their notes and organize their thoughts prior to this meeting.

ENCOURAGE STAFF TO SHARE WHAT THEY HAVE LEARNED.

Involve other staff at the organization in the transfer-of-learning process by briefing them soon after the training. Share the key training concepts and allow people to ask questions. This is a good time for you to identify your expectations regarding implementation of action plans.

BRAINSTORM HOW TO INTEGRATE NEW KNOWLEDGE AND SKILLS WITH PRESENT SERVICES.

Discuss with your staff how newly acquired knowledge or skills might address current needs at the organization and be of value to their team or program and to others in the organization. Real-world applications help your staff ground their new skills.

REVIEW ACTION PLAN.

Meet with your staff to review the current action plan and make sure that it is revised to correspond with organizational needs and the integration of new knowledge and skills.

COACH AND MODEL.

Encourage and, when possible, coach staff as they incorporate new knowledge and skills into their work. When people begin practicing new skills that are difficult or involve many steps, their skill levels will vary; some may still be novices, while others may be closer to mastery. Offer to assist individuals in a manner that is appropriate to their progress. When providing guidance, always ask staff what they

perceive they are doing well and what upgrades they want to make before you offer suggestions for improvements. Very often, people can make appropriate suggestions for self-improvement when given the opportunity to reflect.

Model new skills or behaviors in your work along with your staff to show that you support the changes they are implementing. In other words, walk the walk and your staff will walk with you.

FOLLOW UP.

Periodically follow up about progress on the goals and action plans developed before and during the training. Routine supervisory meetings are a great time to provide constructive feedback, check staff progress toward mastering and using their new skills, and ask how you as their supervisor can support transfer of learning.