Worker Name:       Case Name/ID:       Date:

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

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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).