Worker Name:       Case Name/ID:       Date:

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

**0 10**

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).