**SET Tools Definitions/Tips Sheet**

### Overall Tool Instructions

- **Review Time Period (RTP):** The period under review starts at the beginning of the month, 6 months prior to the date the referral or case is assigned
  - For example: If a referral or case is assigned for review in November 2015, the RTP would be 5/1/15-10/31/15.
- If there is inconsistent documentation, rate based on your judgment from reading all the materials you have reviewed. Note in the comments box that there was conflicting information and the reason you scored the way you did.
- Any case past the detention hearing will be considered a “case.” Voluntary cases will also be included. Family Maintenance, Family Reunification, and Voluntary cases are to be reviewed using the FM/FR Case Review Tool.
- If a Permanent Plan has been ordered and it has been assigned to a Permanent Plan worker for at least three months, then use the Permanent Plan tool to assess the case.
- Make sure only one box is checked for each rating, and that each family member/placement has been rated for questions with special instructions.
- On the first page, list all the family members that are being reviewed. This may not include all family members. If family members do not apply, list why.
- There are comment boxes under each question to note where information was found, identify noteworthy practices, and to explain any answers.
- Overall feedback from the review is captured on the last page of the reviews. Information is organized into the format of the three questions. This feedback should be completed with every review to provide ongoing learning and improve practice.

### Referral Tool

- For this tool, review all documents contained in the referral in CWS/CMS. If the referral was promoted into a case, you do not review the case even if it falls in the period under review.
- Out of home referrals should be rated using this tool. When answering these questions, the reviewer should assess whether the question applies to the substitute care provider. In the areas that the tool advises the reviewer to consider the “parent”, the reviewer should instead consider the “substitute care provider” or “resource family.”
- Use the comments boxes to note any case nuances that may affect a questions applicability, but most questions should be applicable.
Question 1: Did the Hotline Screener use Safety-Organized Practice (SOP) techniques when speaking to the Reporting Party?

- This question is intended to measure the hotline’s use of SOP.
- The reviewer may look at the ERD (Emergency Response Document), Hotline SDM Tool, and CWS/CMS documentation to see if the criteria for this question have been met.

Question 2: Were attempts made to engage the family by using Safety-Organized Practice (SOP) tools/ interventions during the investigation?

- This question is to determine if we are using SOP as an engagement tool and if so, how consistently we are using it across the multiple family interviews that we do.
- In referrals where there are multiple alleged parents, consider all parents that the investigator was able to make contact with. If there are several parents whose whereabouts were unknown, or they refused to interview, just note that in the comments box.

Question 3: Was a genogram of the family created/updated, or was there information in narrative form about family connections?

- This is intended to measure our efforts to gather information on relatives.
- When it is a removal, the genogram is to be done to the fifth degree. (Fifth Degree of Kinship chart is included in Appendix B).
- If this is a referral on an open case, or there is already a genogram on file for this family, the genogram is to be reviewed and updated to ensure that any additional information is captured. The reviewer would still complete this question.
- You can count partial names if that is the only information the family has/or is willing or able to provide at that time.
- Reviewers may look in an open case to try and access a genogram.

Question 4: Were questions asked regarding the cultural factors present in the family system?

- This question is focused on our inquiry into the family's culture and if we used the information gathered to inform our work with the family.
- This question should almost always be answered if the investigator had contact with the family. The definition was included to show the different aspects of a family's culture.
- You may look for documentation of race/ethnicity in the client notebook, face sheet, or narratives in CWS/CMS.
- For out of home referrals, include information gathered pertaining to the culture of the resource family as well as the bio family.
• For the Accomplished category, the reviewer’s determination of whether culturally appropriate resources/referrals were provided can be made several ways. If the service is clear from the documentation to be part of the family’s culture (ex: The family was Laotian and the SW referred them to a service that is offered by their temple) then this criterion could be fulfilled. Also, the criteria would have been met if the SW documented any research or attempts to connect them with a culturally appropriate resource, even if they did not end up finding anything that would work at that time.

• For the Master category, this can be marked if the worker ensured that a safety plan or support network included people, organizations, or other resources that were aligned with the family’s culture.

• Regarding ICWA inquiry, this would be in regards to the target child’s family. Even if there is an existing Court Order about ICWA, inquiry should still be done if there is an investigation. Likely it will just confirm what is already known, but in some cases new information is identified.

**Question 5:** Was the family assisted with identifying and maintaining a support system/safety network?

- *This is to assess if the SW was gathering information on supports*
- If documentation clearly shows that a client was asked for information on supports, credit can be given even if the question itself isn’t written in the documentation.
- Documentation could be found anywhere in CWS/CMS. It may be included in a contact, court report, eco-map, Circles of Safety and Support tool, TDM form, etc.
- For Distinguished rating, an in-person meeting with the safety network is preferable, but the tasks in the category could also be arranged by phone and documented.
- For out of home referrals, consider if the resource family was assisted with identifying and maintaining a support system / safety network

**Question 6:** Was the family educated about child abuse laws?

- *This question rates how about child abuse laws were discussed with the family.*
- For the purposes of this tool, problem solving around any concerns or protective issues can apply. It targets the practice of working with the family and involving them in discussing any issues.
- The difference between novice and emerging categories is a shift from telling the family, to dialoguing with the family about child abuse laws
- For this question, each parent is to be rated separately
- For out of home referrals, was the resource family educated on child abuse laws?
Question 7: Were attempts made to connect the family with community resources and/or services, or assess services the family was already receiving?

- This question looks at the process of providing the family with referrals/assessing current services.
- Most of the categories are separated by “OR” to differentiate whether or not they are already in services. If the family is in services already, they only need to meet the designated expectations in each box.
- “Novice” can be achieved by verbally providing the family with referrals, if it is documented.
- For out of home referrals, consider attempts made to connect the resource family with resources/services/etc.

Question 8: Were the family’s strengths, acts of protection, and/or protective capacities identified?

- This question is about gathering information on what is going well to: develop balanced assessments, create partnerships with families, and build safety.
- The reviewer should rate this item based on any documentation that the SW identified family strengths, acts of protection, or protective capacities. These can be clearly marked or just referenced in the documentation.
- Some information for this category may be found in the ERD.
- Voice of the child could be identified in documentation in these ways: Three houses or other similar Safety Organized Practice (SOP) tools, direct quotes, position questions from the child’s perspective, and/or direct observations of the child that are related to strengths/concerns in the family.
- For out of home referrals, consider the resource family’s strengths, acts of protection, and/or protective capacities.

Question 9: During the course of the investigation were all safety threats accurately identified and documented?

- This question is targeting the SW’s identification of safety threats, how thorough the documentation was, and how much they involved the family in conversations and planning.
- If there were safety threats, and they were all accurately identified then mark yes for this question and complete section 2.
- Based on your review of the documentation, if there were safety threats that were not identified, then mark no and explain in the comments box below. Do not complete Section 2.
• If there were no safety threats to be identified based on the investigation (ie: an unfounded referral) then mark this question as N/A and do not complete section 2.

**Question 10: Were the safety threats and Agency’s concerns described to the family?**

- **This question targets how the SW explained the Agency’s concerns to the family**
- To achieve Distinguished, the SW needs to at least attempt to arrange a FCM. This could include asking the parent(s) if they would attend a FCM and explaining the purpose. If all parent(s) refuse, this would still count as an attempt.
- For this question, each parent is to be rated separately

**Question 11: If a Safety Plan was implemented did it effectively address the safety threat?**

- **This question targets the effectiveness of the safety plan**
- For Master, a “follow-up” could include a phone call, home visit, or other communication with the parent(s) and/or other members of the identified safety/support network about how the interventions are working

**Question 12: Was the impact of trauma on the child/youth’s emotional, social, and physical development assessed if a safety threat was identified?**

- **This question looks at how the impact of trauma was assessed across multiple dimensions**
- If the parents were not involved or cooperative, but information was still able to be gathered from other family members or collaterals, this question may still be able to be completed depending on specific case circumstances. If the reviewer believes the question to be n/a due to no parent involvement, specify why information could not be gathered from other sources in the comments section.
- For this question, each child in the family is to be rated separately. Any N/A answers should also have reasons for this answer noted in the comments box.

**Question 13: Was the family educated on how the abuse and/or neglect impacts the child(ren)/youth?**

- **This question is meant to focus on how impact to the child was described to the family**
- The ratings are a continuum of how detailed and behaviorally descriptive the explanations were.
- Higher ratings include more family involvement, using the family’s own words, and re-evaluating the family’s understanding
For this question, each parent is to be rated separately
For out of home referrals, consider if the resource family as well as the bio family was educated on how the abuse / neglect impacts the child / youth.

**Question 14: Was a Family Centered Meeting (FCM) held with the family to address the Safety Threat?**

- This question is meant to target involving the family through a FCM
- If a social worker attempted to schedule an FCM, but one was not held, the box indicating this should be checked
- Voice of the child is to be included, even if the child is non-verbal. See definition in Appendix A.

**FM/FR Case Tool**

- If the case has a permanent plan of APPLA, Guardianship, or adoptions ordered and the case has been assigned to a primary Permanent Plan worker (adoptions, residential, etc.) for at least three months, then please use the Permanent Plan Tool to rate the case.
- When looking in CWS/CMS, only review the case and any referrals received after it was promoted to a case. A review of the investigation leading up to the case is not required, even if it falls under the RTP.
- Section 1 is only to be completed if the case opened during the RTP
- Section 2 is to be completed for all cases
- Section 3 is only to be completed if an investigation was conducted during the RTP in which a safety threat was identified

**Question 1: Were the safety threats and Agency’s concerns described to the family?**

- This is the same as Question 10 in the Referral Tool Instructions (above). Please refer to that question for additional information.

**Question 2: Was the family assisted with identifying a support system/safety network?**

- This question targets the identification of a support system/safety network
• This question is taken from Question 5 in the Referral Tool, but is divided into two parts. This question focuses on identification of the system and the second question (Case Tool Question 9) focuses on maintaining that support system.

**Question 3: During the initial case planning process, did we partner with the family to address the identified harm and danger?**

• *This question looks at how the family was involved in case planning*

• To rate this question, delivered services log, case plan document, and case plan page should be reviewed.

• For description of how Voice of the child can be incorporated into the case, please see the definition in Appendix A

• Tips on policies for case plans:
  o Court Cases: The case plan is due within 30 calendar days after one of the following (whichever occurred first): Initial removal, initial face to face contact with the child, or the Dispositional hearing.
  o Voluntary Cases: Initial case plan due within 30 days of initial face to face contact.
  o Case closed within 30 days: no case plan due
  o Case Plan Updates: Due at least once every 6 months. There should not be a break in dates between the CP’s. The CP does not have to align with the court dates but typically does align with the court dates.

**Question 4: Were questions asked regarding the cultural factors present in the family system?**

• *This question is focused on our inquiry into the family’s culture and if we used the information gathered to inform our work with the family*

• See Question 4 on the Referral Tool instructions (above) for more information on completing this question

**Question 5: Were questions asked regarding the cultural factors present in the family system?**

• *This question is meant to better capture ongoing cultural assessment with families*

• During the case, if the SW has located a parent, a new sibling was born, or any new information on possible Native American Heritage was learned – then questions about ICWA must be asked and documented. If inquiry did not appear to be needed, then these criteria need not be met to score higher on the scale for this question
For Novice, there must be documentation that at some point during the six month RTP, there was an attempt to verify the members of the family system and any new information obtained was documented. This criterion would be met if inquiry was made and a family member had no additional information.

**Question 6: Were attempts made to engage the family by using Safety-Organized Practice (SOP) tools/ interventions during the review time period?**

- This is the same as Question 2 in the Referral Tool Instructions (above). Please refer to that question for additional information.

**Question 7: Was a Family Centered Meeting (FCM) held during the review time period?**

- This is the same as Question 14 in the Referral Tool Instructions (above). Please refer to that question for additional information.

**Question 8: Were the family’s strengths, acts of protection, and/or protective capacities identified?**

- This is the same as Question 8 in the Referral Tool Instructions (above). Please refer to that question for additional information.

- This question targets the family the child was removed from, so it would usually be referring to the parents. Caregivers were included to capture the times when we are reunifying with someone other than a bio parent.

**Question 9: Was the family assisted with maintaining a support system/safety network?**

- *This question targets the maintenance of a support system/safety network*
- This question is taken from Question 5 in the Referral Tool that was divided into two parts. This question focuses on maintenance of the system and the second question (Case Tool Question 2) focuses on maintaining that support system.
Question 10: If the child required out of home placement, was the family given an explanation about reunification timelines, concurrent planning, and permanency for their child?

- This question is targeting how the family was involved in conversations around reunification, concurrent planning, and permanency.
- When scoring this question, there needs to be detailed documentation that the criteria listed have been met. Merely having a FCM/TDM and then saying because the meeting was held, these topics must have been discussed is not sufficient.
- Any documentation that the parents were asked if they would participate in a FCM counts as attempting to schedule one
- The reviewer is to look outside the RTP if the placement began prior to the beginning of the RTP
- For this question, each placement during the RTP is to be rated separately

Question 11: If the child required out of home placement, was the substitute care provider given an explanation of family reunification timelines, concurrent planning, and permanency?

- This question is targeting how the caregiver was involved in conversations around reunification, concurrent planning, and permanency.
- When scoring this question, there needs to be detailed documentation that the criteria listed have been met. Merely having a FCM/TDM and then saying because the meeting was held, these topics must have been discussed is not sufficient.
- Any documentation where the caregivers were asked to participate in a FCM counts as attempting to schedule one
- For Distinguished Practice, there needs to be at least one conversation about maintaining important connections for the child(ren)/youth
- For Master Practice: There needs to be more than one conversation about maintaining important connections for the child(ren)/youth
- The reviewer is to look outside the RTP if the placement began prior to the beginning of the RTP
- For this question, each placement during the RTP is to be rated separately

Question 12: If there were concerns about the stability of the placement during the RTP, was anything done to support the substitute care provider and prevent a placement disruption?
• This question targets if our handling of placement concerns was reactive or proactive, and how much support was given to the caregivers.

• This question only applies if there were concerns about placement stability during the RTP.

• Rate for each placement the Target Child had during the RTP. Do not count placement episodes with LGH’s, PCC, or Juvenile Hall.

• For Novice Practice, follow-up would include a phone call to the service providers or any similar action that would help gather information that could potentially speed up service delivery.

• For Emerging Practice, a conversation with the caregivers about trainings or support groups can count as “provided the caregivers with information...”
  o This item applies even if another source provided the family with the actual referrals - as long as the social worker was discussing these supportive services with the family to assist in stabilizing and supporting the placement.

• For Distinguished Practice, follow-up with the family could include a phone call or in-person contact with TDM meeting participants about the action plan from the meeting. It could also include leaving messages for parties to attempt to get information.

• For this question, each placement in which there were concerns about disruption is to be rated.

**Question 13: If a removal or a change of placement occurred, was anything done to reduce trauma and support the child(ren)’s well-being?**

• **This question looks at how a SW supported a child’s well being if a COP occurred during the RTP.**

• Items concerning asking the child questions only apply to verbal children.

• For Emerging, the reviewer can give credit if there is documentation that at least one caregiver in each placement discussed the plan for the move with the SW.

• For this question, each child involved in the case is to be rated separately.

**Question 14: During regular meetings with the child/youth was an assessment done on their safety and needs? If the child was pre-verbal, were interactions observed and information about child’s functioning obtained in order to assess the child’s safety and needs?**

• **This question is to elicit information on how ongoing safety assessments are done and how the SW assesses the child’s needs.**

• This question can be rated for verbal and non-verbal children.

• For the Accomplished category, for non-verbal children, all of the important adults in the child’s life that would be likely to have pertinent information should be asked for their feedback.
• For the Master category, the reviewer can give credit for the SW representing the youth’s voice, if at all internal Agency meetings, FCM’s, Court, and other similar venues, the SW documents that they discussed/incorporated the youth’s voice
• For this question, each child involved in the case is to be rated separately

**Question 15: Was the impact of trauma on the child/youth’s emotional, social, and physical development assessed?**

• This is the same as Question 12 in the Referral Tool Instructions (above). Please refer to that question for additional information.

**Question 16: Were Case Plan(s) behaviorally descriptive?**

• This question looks at how behaviorally specific the case plans were and the incorporation of SOP into case planning
• To rate this question, delivered services log, case plan document, and case plan page should be reviewed.
• There should be documentation in CWS/CMS that the case plan tool was used to help create the case plan.
• For description of how Voice of the child can be incorporated into the case, please see the definition in Appendix A.
• See Case Tool Question 3 (above) for Tips on policies for case plans.

**Question 17: Was the family given the opportunity to review their Case Plan at least once per month?**

• This question is to help assess whether the case plan was reviewed with each family member on a monthly basis
• The reviewer only needs to rate those family members listed in the case plan for this question
• If there is a case plan participant that resides out of the county and courtesy supervision is done by another county, you can count phone calls discussing the case plan instead of an in-person meeting
  o Refer to the Policy Manual for further information on contact requirements
• If there is a case plan participant who is not being rated on this question, please note why in the comments section
• For this question, rate all parents and all children on the case plan separately.
  o If a child is not being rated, please note why in the comments section  (eg: child was non-verbal)

**Question 18:** Were child and family visits observed by a social worker in different environments in order to better assess family relationships?

• *This question is meant to target if the SW is observing the parent/child interaction in multiple environments*
• For this question, to rate as accomplished or higher, the visitation must be observed by the assigned social worker
• For the Emerging category – It states that the child is to be seen in more than one environment. Per policy, the child is supposed to be seen in the home 51% of the time. You can still rate this based on the child being seen in more than one environment, even if the visits are not mostly in the home. Just note in the comments box if visitation is not aligned with policy.
• For this question, each parent is to be rated separately

**Question 19:** During the RTP, was an assessment done to determine if the level of visitation should be changed or maintained?

• *This question looks at how frequently we are assessing the level of visitation*
• If the children are placed with one parent, and the other parent has unsupervised visitation then this question would be N/A
• Per Policy:
  o “Once the parent(s) and child(ren) have been participating in visitation for one month, the SW will determine if the level of supervision can be reduced.”
  o “Unless the visits are already unsupervised, the SW will review the visitation plan on a monthly basis to determine if it is appropriate to move to a lower level of supervision.”
  o Required documentation of assessment and whether level of visitation will be lowered is to be kept in the contact notebook
• For this question, each parent is to be rated separately

**Question 20:** Were attempts made to set up meetings and facilitate interactions between the parent(s) and the child’s school, doctor, therapist, or other service providers?
• This question looks at what attempts were made to engage the parents and keep them connected with their child(ren)’s education, medical care, and other treatment
• Novice would apply if the parent reported being in contact with any of the listed entities
• For Accomplished, the social worker must have documented that they tried to facilitate the parent(s) attendance in meeting with service providers by doing one of the examples listed.
• Other service providers/meetings could include: wrap team, IEP team, parent-teacher conferences, etc.
• For this question, each parent is to be rated separately

Question 21: Did the worker develop an aftercare plan with the family/substitute care provider(s) to provide support and structure after the case closes?

• This question looks at whether an aftercare plan was established with the family and the level of family involvement when making that plan.
• See special instructions in the Case Tool for transition-aged youth
• For this question, each parent involved with the case is to be rated separately

Question 22: If during the course of the case a new safety threat was accurately identified, was an assessment done?

• This is the same as Question 9 in the Referral Tool Instructions (above). Please refer to that question for additional information.

Question 23: Were safety interventions developed to address the new safety threat(s)?

• This question looks at the safety interventions that were used to address any new safety threat(s)
• The reviewer is to use their best judgment when deciding if the interventions addressed the threat(s)
• This is modeled after Question 11 in the Referral Tool Instructions (above). Please refer to that question for additional information.
Appendix A

Definitions

- **Culture**: The sum total of an individual’s or family’s identity, including the learned behavior of a group passed on from generation to generation, e.g., values, beliefs, lifestyle, traditions, historical trauma, race, ethnicity, language, religion/spirituality, sexual orientation, gender expression, class, etc.

- **Cultural Humility**: A cultural humility perspective challenges us to learn from the people with whom we interact, reserve judgment, and bridge the cultural divide between our perspectives in order to facilitate well-being and promote improved quality of life. Such a perspective frees the observer from having to possess expert knowledge in order to maintain knowledge-based power, control, and authority over matters about which diverse populations are far more knowledgeable.

- **Family**: A self-defined social unit of at least one caregiver and child.

- **Family Centered Meeting**: Any meeting that brings family members together with the Agency in order to discuss safety concerns, placement issues, case planning, service coordination, etc. Some examples are: TDM, Mapping, Family Group Conferencing, etc.

- **Nuclear Family Member**: A couple and their dependent children. For the purposes of these tools, nuclear family can include parent(s) or children that reside in different homes. It does not include extended family members or close family friends, unless they are the primary caregivers for the child(ren) and/or have daily contact.

- **Safety**: Actions of protection taken by the caregiver that mitigate harm and danger and are demonstrated over time (mitigate: to lessen or reduce).

- **Safety Network**: Family, friends, and community members identified by the family who will help the family create and maintain safety with the initial guidance of CWS.

- **Safety-organized practice**: Safety-organized practice (SOP) is an umbrella term for the blending of solution-focused techniques; Signs of Safety tools developed by Andrew Turnell, Steve Edwards, and others; the Structured Decision Making System; and trauma-informed practices. This approach is designed to enhance CWS worker skills of family engagement and critical thinking to help create sustained safety for children.

- **Solution Focused Inquiry (SFI)**: A practice of using questions and having conversations that strengthen an individual or family’s capacity to achieve their own best judgment in difficult times by surfacing and making visible: People’s past and present capacities (how they survived trauma); achievements, assets, unexplored potentials; innovations, strengths, high-point moments; values, traditions, stories; expressions of wisdom; and visions of valued and possible futures.

- **Solution Focused Questions (SFQ’s)**: Questions that can be used to surface safety actions that are already happening, along with safety actions that could realistically happen in the future.
Examples of the five types of SFQ’s are: past success/exception questions; preferred future questions; scaling questions; position questions; and coping questions

• **Voice of the child:** For the purposes of this tool, Voice of the child refers to direct quotes, three houses or other similar SOP tool, position questions from the child’s perspective, and/or direct observations of the child that are used to bring attention to the thoughts/feelings/perspective of the child