<table>
<thead>
<tr>
<th>Content</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dialogue Structure for Facilitating a Family Meeting</td>
<td>2</td>
</tr>
<tr>
<td>Multicultural Guidelines for Communicating Across Difference</td>
<td>3</td>
</tr>
<tr>
<td>Social Work Practice Definitions</td>
<td>4</td>
</tr>
<tr>
<td>SOP Definitions</td>
<td>8</td>
</tr>
<tr>
<td>Cheryl's Three Column Map</td>
<td>9</td>
</tr>
<tr>
<td>Consultation and Information Sharing Framework</td>
<td>10</td>
</tr>
<tr>
<td>The Voice of SDM Assessment</td>
<td>12</td>
</tr>
<tr>
<td>Comparing Two Plans</td>
<td>14</td>
</tr>
<tr>
<td>SOP Documentation Across the Child Welfare Continuum</td>
<td>16</td>
</tr>
<tr>
<td>My Action Plan</td>
<td>20</td>
</tr>
</tbody>
</table>
## Dialogue Structure for Facilitating a Family Meeting

<table>
<thead>
<tr>
<th>Meeting Stage</th>
<th>Key questions to guide each stage of the meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose / Desired Outcome</td>
<td>Overall, why are we meeting today? What do we want to talk about? What do we want to walk away with today, in this meeting? (A plan, list, decision, etc.)</td>
</tr>
<tr>
<td>Context</td>
<td>Is there anything that might pull our attention away from our focus today?</td>
</tr>
<tr>
<td>Group Agreements</td>
<td>How do we want to work with each other?</td>
</tr>
<tr>
<td>Network/Stakeholders (People and Community)</td>
<td>Is everyone here that should be here? If not, what should we do to get them here? (Genogram, Eco-map, Safety Circles, Cultural considerations)</td>
</tr>
<tr>
<td>Content</td>
<td>What’s working well? What are we worried about? What’s the impact on the child? Gray Area? (Safety mapping)</td>
</tr>
<tr>
<td>Next Steps</td>
<td>What steps do we need to take from here? Who does what? By when? Next meeting date?</td>
</tr>
<tr>
<td>+/- Feedback</td>
<td>What worked? What should we do differently next time?</td>
</tr>
</tbody>
</table>
HANDOUT #2
Multicultural Guidelines for Communicating Across Difference

■ Try On. Try on each other’s ideas, feelings, and ways of doing things for the purpose of greater understanding. Keep what you like and let go of the rest at the end of each interaction, discussion, session or meeting.

■ Okay to Disagree and NOT okay to blame, shame or attack ourselves or others because of our differences. One of the necessary ingredients for differences to be expressed and valued is that people need to let go of the need to be, think or act the same.

■ Practice "Self-Focus" and use "I" Statements. Begin by talking about your own experience. It is helpful to make "I" statements when speaking about your experience, rather than saying "you", "we" or "one". When you intend to refer to others, be specific about them, by name or group. This invites and creates space for multiple perspectives to be shared, especially when they are different than yours.
  - Learning from uncomfortable moments is an important part of this process, so pay attention to your feelings.

■ Be Aware of Intent and Impact. Be aware that your good intentions may have a negative impact - especially across racial, gender or other cultural differences. Be open to hearing the impact of your statement.
  - If you want to "stretch" yourself, seek feedback from the individual before they bring it to your attention.

■ Practice Both/And Thinking. Look for ways to fit ideas together and not set up an "either/or" process or a competition between ideas.
  - Look for the existence of many truths from the perspective of the many cultural backgrounds involved or that you are serving.

■ Notice Both Process and Content. Notice both process and content during work sessions. Content is what we say, while process is how and why we say or do something and how the group reacts.
  - Notice who's active and who's not, who's interested and who's not, and ask about it.

■ Confidentiality with regard to personal sharing is important. You can carry the work of the group, your own learning, stories and perspectives, and the public work from the group. Allow others to tell their own stories.
  - Ask first to see if an individual wants to follow up on the initial conversation.

This Multicultural Tool was created by VISIONS, Inc. - added info by Amy Stickles. VISIONS, Inc. is a nonprofit training and consulting enterprise providing a variety of services that support organizations, communities, and individuals as they continue to clarify their diversity-related goals and engage in a dynamic process of multicultural development. VISIONS, Inc. was established in 1984 as a nonprofit, educational organization. Today it is a 501(c)(3) entity with offices in Roxbury, Massachusetts, Rocky Mount, North Carolina, and is supported by a team of consultants around the United States and abroad. www.visions-inc.com. This version of the tool adapted by Northern California Training Academy 10/30/2019.
The following definitions include foundational concepts of Social Work Practice and Safety Organized Practice (SOP). These Social Work practice approaches have been found to be vital to engaging with families in a respectful and ethical way: Cultural Humility, Solution-focused approach, Strength-based approach, Trauma Informed practice, Collaborative practice, and Appreciative Inquiry.

CULTURAL HUMILITY:
Cultural humility involves a humble approach to working with families and demonstrating a belief that families are the experts of their unique qualities and characteristics.

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 (Tervalon, M., and Murray-Garcia, J., 1998)

Hu-mil-i-ty, noun.
1. The quality or condition of being humble; lack of pride; modesty. 2. The act of modesty or self-abasement; submission (The American Heritage Dictionary of the English Language, 1973; p. 441)

SOLUTION-FOCUSED, STRENGTH-BASED APPROACH:
A solution-focused approach involves collaborating with the client/family to identify his/her ideas of solutions that will work to ensure safety, permanency, and well-being of their child(ren). This approach encourages families to become part of the decision-making process and their strengths and resources are acknowledged. Solution focused interviewing is part of this approach and includes a set of different types of questions that can be used with families.
Types of solution focused interview questions include:

1. The Three Questions (what’s working well, what are we worried about, what needs to happen next)
2. Exception questions
3. Scaling Questions
4. Miracle Questions
5. Coping Questions
6. Preferred Future Questions

A strength-based approach focuses on identifying and building on strengths, capacities and resources within the family system that could be used to ensure safety and well-being of the child(ren). Strengths may include past and current efforts in protecting children from harm, maintaining loving parent-child relationships, accessing extended family and other support systems and making efforts to address past and current stress conditions including drug abuse, family violence, mental health issues, unemployment, etc., (The Pennsylvania Child Welfare Training Program, 2015).

Social Workers may utilize this approach in the use of Solution Focused questions, Motivational Interviewing, Use of “What’s working well” and the “Consultation and Information Sharing Framework” to focus on family strengths and completion of the Structured Decision Making (SDM) Family Strengths and Needs assessment tool (FSNA).

TRAUMA INFORMED PRACTICE:
Trauma informed practice involves an awareness of trauma and its impact on behavior and quality of life in the lives of children and adults. This practice involves a recognition of and empathy for the pervasiveness of trauma and seeks to understand the connection between presenting behavior, thoughts, attitudes, coping strategies. Additionally, it is crucial to understand the impact of trauma that may be created by being involved with child welfare and to learn ways to acknowledge and try to reduce this impact.

The utilization of a trauma informed approach may assist a worker with focusing on the behavior of the person and what might be motivating that behavior in the context of how trauma can affect a person’s coping mechanisms. This may further assist the worker in developing ways to interact with children and families in a way that supports engagement, safety, growth and trust.
Core Principles of Trauma Informed Practice:
1. Trauma awareness
2. Empowerment of those we work with
3. Physical and emotional safety
4. Trustworthiness
5. Choice and collaboration
6. Building on strengths and skills

COLLABORATIVE PRACTICE:
Collaborative Practice (otherwise known as “Partnership-Based Collaborative Practice”) involves a collaborative team approach known as a best practice in the field of child welfare. This practice encourages the building of shared language, understanding and engagement with families to assist and empower them to build their own supportive network and safety plans.

Partnership-Based Collaborative Practice consists of seven interconnected strategies implemented in Olmstead County, Minnesota by Rob Sawyer and Sue Lohrbach. These seven strategies are shown to improve infrastructure in the child welfare system and include the following:

1. A Differential Response System
2. Front-loading the agency and community (Example: Targeted early intervention programs)
3. Formal risk/safety assessment (SDM)
4. A social work practice model (Safety Organized Practice)
5. Consultation and information sharing framework*
6. Group Supervision and group decision making (Example: RED teams)
7. Facilitated Family meetings (Example: FTMs)

*Use of the Consultation and Information Sharing Framework in RED teams, group supervision, case consultation, mapping with families, safety planning utilizing natural supports and community service providers.

APPRECIATIVE INQUIRY:
Appreciative inquiry involves a collaborative exploration into the “best” of people, their relationships, and the world around them. This practice mostly originates from David Cooperrider’s work with organizations and systems at the Case Western School of Management.
in Ohio, US. Appreciative inquiry is the opposite of “problem-solving” and seeks to instill hope in families by focusing on what is going right and well in their lives. What we pay attention to grows and by paying attention to what’s working instead of focusing solely on what’s not working, social workers can contribute to positive change in individuals, groups, and organizations.

Social Workers can utilize this practice with families by using a solution-focused, strengths-based approach to help them recognize and build on their strengths and resources. This practice works best when workers support the “parallel process” by focusing and building on what is working well in their individual work and organizations as well. Appreciative inquiry may be used in multiple settings including by not limited to: family meetings and home visits, case consultation between supervisor and worker, group supervision, coaching, training, etc.

From multiple research studies:

The best outcomes for children and families occur when constructive working relationships exist between families and professionals and between professionals themselves. Good working relationships are the best predictor of good outcomes!

“Motivation (for change) may be linked to the degree of hope that change is possible,” (US National Clearinghouse on Child Abuse and Neglect).
Handout #4: Definitions in Safety Organized Practice

**Harm** – PAST actions by a caregiver that have hurt that child either physically, sexually, emotionally or developmentally. HARM IS ABOUT THE PAST

**Risk / Danger** – Credible worries / concerns child welfare or members of the child’s community have about actions that caregiver may take in the FUTURE will harm that child. DANGER IS ABOUT THE FUTURE

**Risk Level (SDM)** – The resulting likelihood of repeated future harm. RISK GIVES US AN IDEA OF HOW WORRIED WE SHOULD BE ABOUT SOME DANGER ACTUALLY OCCURRING.

**Complicating Factors** – Anything that complicates efforts to make the child safe that are not direct harm to the child by the caregiver. Anything that presents a challenge or difficulty for the family that does not pose danger.

**Safety** - Actions of protection taken by the caregivers that directly address the danger and are demonstrated over time.

**Strengths** - Coping skills, qualities in an individual or in a family that contribute in positive ways to family life but do not, in and of themselves, directly enhance protection of children from the danger over time.
### Handout #5: Cheryl’s three column map

<table>
<thead>
<tr>
<th>What are we worried about?</th>
<th>What is working well?</th>
<th>What needs to happen next?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cheryl turned on the gas stove with her children at home, flooding the home with toxic fumes. Both she and the children passed out.</td>
<td>• Cheryl put the children in next room and opened a window before turning on the gas.</td>
<td>• Danger statements&lt;br&gt;• Safety goals&lt;br&gt;• Expanding the safety network&lt;br&gt;• Planning</td>
</tr>
<tr>
<td>• Cheryl lost her job and cannot pay her bills.</td>
<td>• The girls’ pediatrician and teacher say Cheryl takes good care of the girls. They are medically up to date; she attends parent/teacher conferences and sends the girls to school dressed cleanly with lunches packed.</td>
<td>Risk level is moderate by score—upgraded to high by policy. There also is an unresolved safety threat.</td>
</tr>
<tr>
<td>• Cheryl has been diagnosed with clinical depression.</td>
<td>• Cheryl took out a restraining order after her husband hit her.</td>
<td></td>
</tr>
<tr>
<td>• Cheryl stopped taking her medication three months ago.</td>
<td>• Cheryl is proud of her high school diploma.</td>
<td></td>
</tr>
<tr>
<td>• Cheryl says her ex-husband hit her a number of years ago.</td>
<td>• Cheryl's mother made sure she was protected from violence and able to get an education living at Cheryl’s aunt’s house.</td>
<td></td>
</tr>
<tr>
<td>• Cheryl's father was physically dangerous to both her and her mom when she was a child, and she had to grow up outside of her parents’ care.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Danger**  
0<br>10  
**Safety**
Handout #6: Consultation and Information Sharing Framework

Purpose/Focus of Consultation:
What is the worker/team looking for in this consult? 
Purpose of meeting?

Genogram/Ecomap

<table>
<thead>
<tr>
<th>What are we worried about?</th>
<th>What needs to happen next?</th>
<th>What's working well?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reasons for Referral</strong></td>
<td><strong>Gray Area</strong></td>
<td><strong>Safety/Belonging</strong></td>
</tr>
<tr>
<td>o Detail re: incident(s)</td>
<td>o Incomplete/speculative</td>
<td>o Strengths</td>
</tr>
<tr>
<td>bringing the family to</td>
<td>information</td>
<td>demonstrated as</td>
</tr>
<tr>
<td>the attention of the</td>
<td></td>
<td>protection/connection</td>
</tr>
<tr>
<td>agency. Impact on the</td>
<td></td>
<td>over time</td>
</tr>
<tr>
<td>child(ren).</td>
<td></td>
<td>o Pattern/history of</td>
</tr>
<tr>
<td>o Pattern/history</td>
<td></td>
<td>exceptions</td>
</tr>
<tr>
<td><strong>Risk Statements</strong></td>
<td><strong>Next Steps</strong></td>
<td></td>
</tr>
<tr>
<td>o Risk to children</td>
<td>o Development of next</td>
<td></td>
</tr>
<tr>
<td>o Context of risk</td>
<td>steps relevant to risk</td>
<td></td>
</tr>
<tr>
<td></td>
<td>content</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o (Who, What, When,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Etc.)</td>
<td></td>
</tr>
<tr>
<td><strong>Complicating Factors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Conditions/behaviors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>that contribute to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>greater difficulty for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Presence of research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>based risk factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Ranking</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Immediate Progress)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Choose 1 through 10</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1= safety/protection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10= enough safety to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>close</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Partnering:</strong> Action</td>
<td></td>
<td></td>
</tr>
<tr>
<td>with family in their</td>
<td></td>
<td></td>
</tr>
<tr>
<td>position; willingness,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>confidence, capacity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Consultation and Information Sharing Framework © Sue Lohrbach, 1999 – Adapted with permission.
Handout #7: Consultation and Information Sharing Framework

Purpose/Focus of Consultation:

---

**Genogram/Ecomap**

**GENOGRAM (EXAMPLE)**

<table>
<thead>
<tr>
<th>PGF</th>
<th>PGM</th>
<th>MGF</th>
<th>MGM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncle</td>
<td>Aunt</td>
<td>Uncle</td>
<td>Aunt</td>
</tr>
<tr>
<td>Father</td>
<td>Mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td>Child</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

What are we worried about?  What needs to happen next?  What's working well?

---

**Reasons for Referral**

---

**Risk Statements**

---

**Complicating Factors**

---

**Gray Area**

---

**Next Steps**

*Who, What, When*

---

**Safety/Belonging**

---

**Strengths/Protective Factors**

---

**Current Ranking**

*(Immediate Progress)*

*Choose 1 through 10:* _____

*(1= safety/protection required)*

*(10= enough safety to close)*

---

**Partnering:** Action with family in their position; willingness, confidence, capacity

---

Consultation and Information Sharing Framework ® Sue Lohrbach, 1999 – Adapted with permission.
Handout #8: The Voice of SDM Assessment

When

1. In a group supervision mapping session THAT

2. Has a PURPOSE related to a KEY DECISION (i.e., whether to remove a child, open a case, develop a safety plan/case plan, return a child, change permanency goal, or close a case).

Why

• To help focus the mapping.

• To help distinguish danger from complicating factors.

How

1. One person in the group is designated the “voice” of the SDM assessment.

2. That person has the relevant SDM assessment and definitions open, and keeps track throughout the mapping.

3. The “voice” of the SDM assessments should ask to pause if:

   a. The group is spending more than a few moments on information that is not relevant;
   b. The group is getting stuck on whether something is a danger versus a complicating factor or a strength versus safety;
   c. The group is misidentifying something as a danger versus a complicating factor or safety versus a strength; or
   d. The group is moving toward “what needs to happen” before covering all relevant information.
4. If pausing, the “voice” should read the relevant item and/or definition. The mapper should then direct questions to help raise the necessary information.

Example

1. In a family team meeting, the group is talking about the extensive arguing and occasional physical fights between parents. Some see this as harm; others see it as a complicating factor. The purpose of the meeting is to decide whether the child needs to be removed. The “voice” should read the SDM safety threat definition for domestic violence. The questioner should then use the definition to craft questions that will raise behavioral detail that, based on the definition, will help sort whether in this family, the domestic violence creates imminent danger of serious harm, based on caregiver actions and the impact on the child.

2. In a family team meeting to determine whether a child should be reunified, if the group is on a tangent about an issue related to the child’s behavior in school that is unrelated to risk, visitation, or safety, the “voice” should pause and redirect the mapping to any aspects of the SDM reunification assessment that have not been mentioned.
Handout #9: Comparing Two Plans

What is the difference between these two plans?

Plan 1

- Cheryl needs to go to the therapist weekly to work on depression, its causes, and the impact it has on her life.

- Cheryl needs to go to the psychiatrist at least monthly to make sure she is taking her medication and it is working properly.

- Cheryl needs to attend a therapeutic group for “women facing depression” weekly so she can hear how other women have responded to it.

- Cheryl needs to go to a job retraining course.

- Cheryl needs to go to a parenting class.

Plan 2

- Cheryl agrees to present the following to her children and to her safety network.

- Neighbor Paul, sister Sarah, foster mother Trina, and outreach worker Betsy all agree to be part of Cheryl’s safety network.

- Cheryl will ask for help with the children if she feels higher than a 7 on a 10-point scale for depression.

- Cheryl will not be alone if she is thinking about hurting herself again and will ask for help from someone in the network if this happens.

- Cheryl agrees to keep a logbook of her work in resisting the worst of her depression. She will rank the impact of her depression every day in the book and detail everything that is helping her reduce that impact.
• Paul, Sarah, and Trina all agree to call or visit once daily (one in the morning, one in the afternoon, one in the evening.) They will talk to Cheryl, ask how she is doing, and rank the impact of depression on her. They also will talk to the kids and ask them how they are doing. When the whole network visits, they will also write in the logbook and ensure the children have their phone numbers as well.

• Betsy will visit the home two to three times per week, and she or her team will be available 24 hours a day if Cheryl wants to call. During her visits, she will also rank the impact of depression on Cheryl and write in the logbook. Betsy will work with Cheryl to make sure she goes to the doctor.

• Cheryl, the safety network, and CPS will meet to review this plan again in three weeks.
# Handout # 10:
SAFETY ORGANIZED PRACTICE & DOCUMENTATION ACROSS THE CHILD WELFARE CONTINUUM

The following table includes examples of SOP tools, practices and documentation strategies that may be used in each area of child welfare:

<table>
<thead>
<tr>
<th>Child Welfare Area</th>
<th>SOP tools / practices</th>
<th>Documentation Strategy</th>
<th>Social Work / SOP Practices, Values and Ethics used across the continuum</th>
</tr>
</thead>
</table>
| Case Aides / Visit monitors | • Three questions  
• Solution focused questions (Scaling, miracle, coping, preferred future, position questions)  
• Safety plans  
• Safety Circles / Networks  
• Family resources / strengths | Visit notes:  
➢ Document child’s voice, use of solution focused questions with parents.  
➢ Document communication with safety network.  
➢ Document parent strengths and behaviors. | ➢ Cultural Humility  
➢ Trauma Informed Practice  
➢ Solution Focused Approach  
➢ Strength Based belief system  
➢ Appreciative Inquiry  
➢ Collaborative Practice (Team decision making, Family team meetings, RED Teams, Group Supervision, Voices of parents, child, agency) |
| Intake | • Three questions  
• Solution focused questions (Scaling, miracle, coping, preferred future, position questions)  
• Safety plans  
• Safety Circles / Networks  
• Family resources / strengths | Intake Screener Notes and Investigative Narratives:  
➢ Document any use of 3 questions, Solution focused questions, info and communication about safety network & safety plans.  
Safety Plans:  
➢ Ensure safety plans are written and filed in case file, documented in contacts with specific roles of each safety network member and method for monitoring/feedback.  
Family Team Meetings, RED teams, Case staffing and consultation: | |
| Emergency Response | • Three questions  
• Solution focused questions (Scaling, miracle, coping, preferred future, position questions)  
• Safety mappings / Family team meetings  
• Safety Circles / Networks  
• Safety planning | | |
<table>
<thead>
<tr>
<th><strong>Voluntary services</strong></th>
<th><strong>Family Reunification</strong></th>
<th><strong>Family Maintenance</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Three questions</td>
<td>• Three questions</td>
<td>• Three questions</td>
</tr>
<tr>
<td>• Solution focused questions (Scaling, miracle, coping, preferred future, position questions)</td>
<td>• Solution focused questions (Scaling, miracle, coping, preferred future, position questions)</td>
<td>• Solution focused questions (Scaling, miracle, coping, preferred future, position questions)</td>
</tr>
<tr>
<td>• Safety mappings / Family team meetings</td>
<td>• Safety mappings / Family team meetings</td>
<td>• Safety mappings / Family team meetings</td>
</tr>
<tr>
<td>• Safety Circles / Networks</td>
<td>• Safety Circles / Networks</td>
<td>• Safety Circles / Networks</td>
</tr>
<tr>
<td>• Safety Planning</td>
<td>• Safety Planning</td>
<td>• Safety Planning</td>
</tr>
<tr>
<td>• Behaviorally specific case plan objectives</td>
<td>• Behaviorally specific case plan objectives</td>
<td>• Behaviorally specific case plan objectives</td>
</tr>
<tr>
<td>• Harm &amp; Danger Statements; Safety Goals</td>
<td>• Harm &amp; Danger Statements; Safety Goals</td>
<td>• Harm &amp; Danger Statements; Safety Goals</td>
</tr>
</tbody>
</table>

- **Document all meetings and place notes in case file and/or import into CWS/CMS.**
  - **Child’s voice:**
    - Document any use of 3 houses, safety house, and/or solution focused questions used w/child.
  - **Parent’s voice:**
    - Document any use of 3 houses, safety house, and/or solution focused questions used w/child.
  - **Safety Network:**
    - Document any use safety circles, genograms, eco-maps, and ongoing communication with the safety network with specific roles and follow-up.
  - **Contacts:**
    - Document any use of 3 questions, Solution Focused Questions, Family team meeting summaries, safety plans, and ongoing communication with safety network.
  - **Case Plans:**
    - Include Harm Statement, Risk/Danger Statement, and Safety Goal on 1st page of case plan. Include behaviorally specific service provides, safety network, etc.
| Permanency Planning | • Three questions  
• Solution focused questions (Scaling, miracle, coping, preferred future, position questions)  
• Safety Circles / Networks  
• Safety mappings / Family team meetings  
• Safety planning  
• Behaviorally specific case plan objectives  
• Harm & Danger Statements; Safety Goals | language throughout case plan with achievable, measurable objectives.  
➢ Consistent use of SDM / Family Strengths and Needs Assessment integrated with SOP to ensure a full and balanced assessment and inform the most appropriate case plan for the family.  

Court Reports:  
➢ Document what’s working well, what are the worries, Harm and Risk/Danger statements, Family Team Meeting summaries, parent / child voice, safety network info, safety planning, family strengths. |

| Adoptions | • Three questions  
• Solution focused questions (Scaling, miracle, coping, preferred future, position questions)  
• Safety Circles / Networks  
• Safety mappings / Family team meetings | |

| Supervisors | • Three questions  
• Solution focused questions (Scaling, miracle, coping, preferred future, position questions)  
• Safety Circles / Networks  
• SOP Practice Profiles  
• SOP Supervisor Fidelity Checklist  
• Safety mappings / Family team meetings  
• Group supervision  
• RED teams | Supervisors and Managers Documentation / Strategies:  
➢ Use of 3 questions / Solution focused questions with staff (modeling)  
➢ Supporting staff use of above documentation recommendations  
➢ Use of SOP Practice Profiles to assess staff integration and skill development of SOP  
➢ Use of SOP Supervisor Fidelity Checklist |
| Managers / Directors | • Three questions  
• Solution focused questions (Scaling, miracle, coping, preferred future, position questions)  
• Safety Circles / Networks  
• Safety mappings / Family team meetings  
• Group Supervision  
• RED teams  
• SOP Practice Profiles  
• SOP Supervisor Fidelity Checklist  
• SOP Implementation Checklist | ➢ Use of safety mapping tools for case consultation with staff  
➢ RED team notes  
➢ Group supervision with units – document any case staffing on a mapping form.  
➢ Offer opportunities for staff members to facilitate group supervision in unit meetings to support professional development  
➢ Use of SOP Implementation Checklist for additional ideas to support the practice |
Handout #11:
MY ACTION PLAN

What personal action steps are you willing to commit to once you leave this training and return to your office?

1. What have you heard in the last three days that you really value?
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

2. What two to four practices/tools do you wish you could implement right now?
   _______________________________________________________  
   _______________________________________________________  
   _______________________________________________________  

3. What kind of help would you need to begin this journey?
   _______________________________________________________  
   _______________________________________________________  
   _______________________________________________________  

4. What will be your very first step?
   _______________________________________________________  
   _______________________________________________________  
   _______________________________________________________  