SOCIAL WORKER SKILLS CHECKLIST

Policy

Madera County will utilize the Social Worker Skills Checklist as a tool for Social Work Supervisors to coach their staff and to review if Safety Organized Practice tools and practices are utilized and documented in CWS/CMS. Social Work Supervisors will utilize in conjunction with Rushmore help define and attain goals, as well as identifying training needs and trends.

Authority
California Welfare and Institutions Code
MPP - Division 31
Madera County Policy and Procedures
Evidence-based practice in social work

Forms
MAD #4407 - Social Worker Skills Check List
MAD #4408 - Case Review Tool
MAD #4409 - Relapse Prevention Plan

Procedure

1. The Supervisor will complete a CWS Rushmore Review based on the PPG called “Rushmore” under the Generic/Miscellaneous dated January 2012. After the Rushmore review is completed, the supervisor will select one case to review with the social worker present during their conference using the Social Worker Skills review checklist.

2. The Supervisor is required to meet with their staff weekly until the Social Worker has passed probation or if there are opportunities to assist the social worker in improving their performance. If neither applies then a conference should be done at least once a month.

3. The Supervisor will review the Social Worker Skills checklist with the social worker in collaboration and discuss findings of the Rushmore reviews, specifically the case being reviewed with the social worker.

4. The Supervisor shall provide a copy of the Rushmore findings, as well as the social worker skills checklist and conference summary to the social worker.

5. The Supervisor is to place the Social Worker Skills Checklist, Rushmore and conference summary in the Social Workers supervisors’ working folder and include in the social workers’ evaluation.

October 10, 2013
### Social Worker: Skills Checklist

<table>
<thead>
<tr>
<th>A. Do they really understand what happened?</th>
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<tbody>
<tr>
<td>1. Can they tell you a step by step “story” of what actually happened that was not safe or neglectful, and whose personal problems interfered with safety and/or adequate care?</td>
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<tr>
<td>2. Can they distinguish harm from danger and write a clear statement of each?</td>
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<td>3. Can they demonstrate the use of solution-focused inquiry, reflective practice, family engagement and trauma-informed practice in assessment consensus building?</td>
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<td>4. Can they identify complicating factors and separate them from factors that put the child at risk?</td>
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<td>5. Can they demonstrate an understanding of cultural humility in the context of assessing harm and danger?</td>
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<tr>
<td>6. After the staffing is completed, Are they able to state back to you a consensus summary of what is not working at the family level, and who on the individual level needs to work on their personal issue?</td>
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<tr>
<td>7. Do they utilize guidelines for review of case history and demonstrate in depth knowledge of the case as a result (See Case Review Tool).</td>
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<th>B. Can they organize the work to be done?</th>
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<td>8. Can they go from a verbal agreement/TDM (Safety Mapping) with the client regarding what needs to happen (consensus summary), to creating a case plan addressing the safety concerns?</td>
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<tr>
<td>9. Can they formulate, and write in everyday language, an outcome (family and individual level) that has all 3 desired parts?</td>
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<tr>
<td>a. Agency goals (safety goals)</td>
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<tr>
<td>b. Family goals</td>
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<td>c. Next steps</td>
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<tr>
<td>10. Can they write initial/ongoing tasks objectives for each individual family member and family unit?</td>
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<td>d. Development of a specific measurable plan of action</td>
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<td>e. State who (what service) will help them develop this plan</td>
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<td>f. Share the plan with whom</td>
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<tr>
<td>g. Monitor, document, and celebrate task success/progress</td>
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<tr>
<td>h. Monitor, narrate, and celebrate task success/progress</td>
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<th>C. On a monthly basis and as needed are they able to monitor case plan compliance appropriately?</th>
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<td>11. Are they following up to support their client in developing a written plan of action with the service provider?</td>
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<td>12. Do they maintain contact with service providers so they can evaluate client participation and progress accurately?</td>
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<td>13. Do they know how to support a client and/or provider in modifying case plan objectives so that they can be better narrated and celebrated?</td>
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<tr>
<td>14. Are they able to ensure that the 5 SBC Relapse Prevention Plan are somehow represented in the individual Case Plans?</td>
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<th>D. On a monthly bases and as needed are they able to Narrate and Celebrate Progress (Appreciative Inquiry)?</th>
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<td>15. Do they know and use techniques that show interest in behavioral changes and work to expand the audience of who knows about the changes?</td>
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<td>16. Do they know how to get others involved in noticing and recording new behavioral changes?</td>
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<td>17. Do they know how to celebrate behavioral changes in one area even as they prepare to help a client focus on an area of little progress?</td>
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<td>18. Do they know how to use positive reinforcement and provide hope versus only noticing when things are going wrong?</td>
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Worker Name: | Supervisor Name: | Date: | 
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Emergent practice: There is evidence in the case files that the worker has begun to use the practice or tool; that “it’s there”.

Accomplished practice: There is evidence that the worker has begun to use the element to communicate with others involved with the case and to build shared understanding and agreement among the parties; “it’s shared”

Distinguished practice: there is evidence that the element is integrated into the worker’s practice as a way of doing business; “it’s integrated”

MAD 4407 (10/2013)