The Children’s Research Center (CRC) is engaged with a number of representatives from child welfare agencies across the country who are interested in exploring the value of integrating the Structured Decision Making® (SDM) model with a practice framework for family engagement known as Signs of Safety (SoS), created by Andrew Turnell. This initiative is known as the SoS-SDM Learning and Evaluation Collaborative (L&EC). Its purpose is to examine integration of the use of structured safety and risk assessment tools and signs of safety approaches.

On March 31, 2010, the L&EC and Carver County (Minnesota) Community Social Services sponsored a half-day meeting following the Signs of Safety conference in Chaska, Minnesota, to advance the conversation about this work. This dialogue provided an opportunity to bring together practitioners who are working to integrate these two approaches, along with leaders from both approaches.

**Background**

Ensuring the safety of children is the core mission of child welfare agencies and is consequently a focus of the federal mandates reflected in the Child and Family Services Review (CFSR). Most readers of SDM® News are already implementing the SDM® model, and therefore have operational experience and understanding of the use and benefits of the SDM safety assessment. Jurisdictions using the SDM system may also have experienced challenges in implementation of the safety assessment. The primary challenge is that while workers often find that the safety assessment has excellent utility as a professional decision-support tool, its format and structure are not designed to be conducive to completion in the field with families. For example, having safety threats, protective capacities, and interventions laid out in a checklist format may lead to a worker using the SDM safety assessment as an interview guide even though it is not designed for that purpose. In the field, conversations with families about their situations and their perspectives on child safety are often fluid and multi-directional, and workers must be able to pick up on cues provided by the family and tailor each interview accordingly. Although SDM tools have checkboxes for assessment item responses, every box marked on an assessment tool should be a reflection of the sum of the assessment process. Additionally, since the SDM assessments are designed for use by workers, assessment

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items are not necessarily written using terminology that is “family friendly.”

In other words, while objective, research-based assessment tools like the SDM assessments have been proven to be highly valuable in supporting workers’ decisions, they are meant to partner with workers’ clinical skills, not replace them. The SoS framework and safety mapping offer a potential solution to the challenges of completing SDM assessments, and in combination with them, can serve to enhance engagement with families during the critical process of assessing child safety concerns and planning for safety.

What Is SoS?

SoS is a solution-focused approach to conducting child protection work, developed on the premise that child protection is more than just entering a family situation, looking for threats to safety, and outlining directives for addressing unsafe situations. The idea is that, in order to create sustainable changes within the family, workers must actively, deliberately, and consciously also look for the signs of safety that exist within the family and, with the family, create solutions for meeting a child’s needs for protection. The SoS approach uses a tool known as “safety mapping” to gather and organize information.

Safety mapping, a key practice of the SoS framework, is a facilitated process of exploring the impact of a caregiver’s actions on a child. It also describes a continuous effort to gather information and organize it in a way that helps workers and families better understand the presence of safety in relation to the presence of danger for children, and what actions are necessary to promote child safety.

The practice of safety mapping relies on three questions asked in each encounter with families, providers, stakeholders, and within supervisory responsibilities or case reviews:

1. What are the worries?
2. What’s working well?
3. What needs to happen?

Each of these three questions can be related directly to a specific component of the SDM assessments. For example, safety threats on the SDM safety assessment speak to danger (i.e., what are the worries?); SDM protective capacities speak to signs of safety (i.e., what’s working well?); and SDM interventions speak to the question of what needs to happen.

What Is the Benefit of Integrating Use of the SDM Safety Assessment and Safety Mapping?

The SDM safety assessment is designed to be the child protection worker’s professional decision-support tool. It is not designed in a format intended to be completed with families, although that can successfully be done in many situations. While it provides an analytical, reliable, data-driven foundation for decision making and increases consistency and equity in the assessment process, it can be difficult to use as a means of engaging families in safety planning.

Conversely, safety mapping, in the absence of defined assessment criteria, may result in inconsistency and decrease reliability in the assessment process, which may be unduly influenced or driven by participant bias (worker, family members, collaterals). There is also the potential for incorrect assumptions that everyone is defining and interpreting behaviors and circumstances the same way.

Developing the skills to use safety mapping may improve the accuracy of SDM assessments. Safety mapping can result in more accurate assessment and a greater breadth of information about family situations, which only

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makes for better completion of SDM tools. For more information on the integration of these practices, contact Kathy Park, Assistant Director of CRC, at kpark@nccdcrc.org or (608) 831-1180.

Registration is open for the April and May sessions of the 2010 SDM E-Conference. April’s topic is “Using SafeMeasures® to Drive System Improvement Efforts: New Jersey’s Story,” presented by Donna Younkin, Director of Information Technology and Reporting at the New Jersey Department of Children and Families, and CRC’s Director of Analytic Systems, Joel Ehrlich. The session takes place on Tuesday, April 13, 2010, from 12:00 to 1:00 p.m. CDT.

May’s session is titled “Structuring the Decision to Report: New South Wales.” Over the years, the SDM model has grown from a single assessment of risk to a comprehensive suite of tools covering key decisions throughout child protection systems. New South Wales (NSW), Australia, presented CRC with a challenge: could the same concepts used in current decision tools help structure the decision made by mandatory reporters about whether or not to report a concern to the statutory agency? This webinar will describe the process NSW used, in conjunction with CRC, to develop, test, and implement a mandatory reporter guide (MRG). The MRG was implemented effective January 24, 2010. The webinar will include initial reaction to the MRG and early data.

The May session will take place on May 11 from 12:00 to 1:00 p.m. CDT. Because the webinar “live time” is about 3:00 a.m. NSW time, the presentation will be made by Raelene Freitag, Director of CRC, and include input from NSW staff, including statutory child protection as well as mandatory reporters.

To register, visit www.nccd-crc.org. If you have questions, contact Angela Noel at anoel@nccdcrc.org or (608) 831-1180.
How Can Case Reading Help Your Agency? Continued

- Was the assessment completed?
- Was completion timely?
- Does the narrative support the way assessment items are marked?
- Is the assessment recommendation correct?
- Does the recommendation match the action taken?

How Do You Implement a Case Reading Practice?

In case reading, the supervisor or manager selects a small number of random cases from each worker once a month. For example, a supervisor might randomly select two cases from each worker in her unit once a month to review for safety assessment completion. The goal in case reading is not to collect a large sample but to take a snapshot of quality. Agencies can select a number of cases for review and a frequency that makes sense given their current caseload. In case reading practice, it is important to review each type of assessment and each worker in a unit on a regular basis.

What Are the Benefits of Conducting Case Reading?

A single completed case reading tool can be used to give a worker feedback on things done well or areas needing improvement. This immediate feedback can help send a message to workers that SDM assessments are meant to be used as decision-support tools and that accurate completion is every supervisor’s expectation.

Several completed case reading tools for all workers in a unit can help identify common areas for improvement that could be the subject of an upcoming staff meeting or special training. Tracking case reading results over time can help supervisors and managers monitor improvement or persistent trouble spots.

CRC staff can provide tools and training for case reading, or conduct a case reading study and prepare a report to assist agencies in their quality improvement efforts. For more information, contact your current SDM program liaison, or if it has been a while since you have been in touch with CRC, contact Raelene Freitag at rfreitag@nccdcrc.org or (608) 831-1180.

SDM Implementation in New South Wales, Australia

In January 2010, New South Wales (Australia) Community Services (CS) began implementation of SDM screening and response priority tools at the centralized intake unit (the “Helpline”). The Helpline consists of about 150 line staff and 30 team leaders (supervisors). CS is using an especially strong implementation support model that should be considered for replication in other jurisdictions, regardless of which SDM tools are being implemented. Elements of the strategy are described below.

- **Extra training:** Team leaders and managers were trained twice to ensure a thorough understanding of the tools. These staff were trained as a group approximately one month prior to implementation and also participated in the line staff training just prior to the implementation start date.

- **Team leaders involved in staff training:** Selected team leaders and managers helped deliver the line staff training. Working alongside CRC staff, they delivered whole sections of the training curriculum, thereby creating a stronger internal capacity for training and technical assistance as implementation rolls out.

- **Pre-implementation inter-rater reliability testing:** Team leaders participated in inter-rater reliability testing about two weeks before implementation to identify and address any potential problem areas.

- **Creation of a learning support team:** The learning support team consisted of 10–12 managers and team leaders who had been heavily involved in the SDM design and training processes. They were deployed on the Helpline floor 24 hours per day, seven days a week, during the first two weeks after start-up. Team members were not only available to answer questions continued on page 5
as they arose, but were also able to directly assist most of the line staff on the very first calls they answered after SDM implementation.

- **Case reading right from the start:** Team leaders were trained on the case reading process just prior to start-up. They began reading a sample of their workers’ cases two weeks after implementation began. The learning support team then “read behind” the team leaders, i.e., they reviewed both how well workers had done and how well the team leaders had conducted the reviews. In mid-March 2010, CRC staff reviewed the same cases that the learning support team looked at and provided feedback to that group and all team leaders. CS plans to continue case reading on a routine basis.

**NCCD Announces New President**

The Board of Directors of the National Council on Crime and Delinquency (NCCD) is proud to welcome Alex Busansky as the organization’s new president, effective May 1. Mr. Busansky brings with him more than two decades of direct experience with the criminal and juvenile justice systems, working in law enforcement, government, and the nonprofit sector.

The appointment of Mr. Busansky represents a key milestone in NCCD’s multi-year transition plan developed by the board, former NCCD president Dr. Barry Krisberg, and Executive Vice President Christopher Baird, who has served as president on an interim basis since December 2009.

Mr. Busansky began his legal career as a prosecutor in the Manhattan District Attorney’s office. After a decade in New York, Mr. Busansky came to Washington, D.C., to work as an attorney in the criminal section of the Civil Rights Division at the U.S. Department of Justice, and, through a detail assignment, for the U.S. Senate Judiciary Committee and Senator Russ Feingold of Wisconsin. In his most recent positions as the founding director of the Vera Institute of Justice’s Washington, D.C., office and executive director of the Commission on Safety and Abuse in America’s Prisons, Mr. Busansky led the development and launch of numerous national and local criminal and juvenile justice initiatives for the organization.

Mr. Baird will resume his responsibilities as executive vice president in NCCD’s Madison office, which includes CRC and other projects, a position he has held for 25 years. Mr. Busansky will be based in NCCD’s Oakland, California, office.

**Project Updates**

**Louisiana**

Louisiana Office of Community Services (OCS) and CRC partnered in 2007 to modify and implement several SDM assessments. In 2008, OCS workers started using the SDM risk assessment at the start of all in-home and foster care cases to inform critical case decisions, as well as the in-home risk reassessment and reunification assessment. In 2009, OCS workers implemented the SDM risk assessment on all child protection investigations and alternative response assessments, and in February 2010, a pilot of an SDM screening and response time assessment was initiated in three parish offices.

Throughout this partnership, OCS administrators have engaged workers, supervisors, and managers regarding the strengths and challenges of using SDM assessments to guide case decisions. When workers and supervisors expressed concern regarding presumptive decisions or confusion regarding the use of tools, OCS asked CRC to visit field offices and staff cases with workers and supervisors. This enabled workers and supervisors to ask specific questions and discuss concerns using real case examples. CRC staff were also able to mentor supervisors on integrating the appropriate SDM assessment into the case staffing process and on using the presumptive decision path as a guide for case decision making. If

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workers initially disagreed with the presumptive decision, the staffing process provided a forum in which they could articulate the details they considered contraindicators to the presumptive decision, or discuss case planning and services that might support the presumptive decision and lead to a successful case outcome. Workers and supervisors from the local offices provided strong positive feedback to the OCS central office on the benefits of the facilitated case staffing.

In March 2009, OCS requested extended support from CRC for a parish office that struggled with high worker and supervisor turnover, high caseloads, and other common practice challenges. CRC staff led a six-week effort to review every open case in the office. CRC staff trained a team of OCS managers on a case staffing and practice support process that considered worker contact with clients, other information gathered, and the completion of SDM assessments and non-SDM assessments. These managers became “peer consultants” to the unit supervisors in the targeted parish office. Paired with a unit supervisor for two weeks, each peer consultant staffed a number of cases, identified practice improvements within each case, and worked with the supervisor and worker to complete the needed work. While initially intimidated by the length of time and intensity of the process, workers and supervisors commented at the end of six weeks, and again a year later, on the practice improvements they witnessed and the learning that occurred for workers and supervisors. The OCS managers who were trained as peer consultants also commented on the strengthening of practice that occurred and asked that their offices receive similar support.

In January 2010, OCS administrators committed to a broader peer practice support project. Again engaging CRC staff to lead and document the process, OCS managers will be trained as peer consultants. The peer consultants will review active cases using a structured tool and follow up with direct support to improve client engagement, assessment, case planning, and documentation. The project will occur in four parish offices during the spring and summer of 2010, and efforts will be evaluated in August and September 2010.

**Minnesota**

The Minnesota Adult Protection County Collaborative formed in late 2009 as an organization of six counties working toward greater consistency in adult protective services (APS). The participating county agencies include Dakota County Social Services; Steele County Human Services; Hennepin County Human Services and Public Health Department, Adult Protection Services; Ramsey County Community Human Services Department; Washington County Community Social Services, Adult Family Services Unit; and Olmsted County Social Services. The collaborative has been working with NCCD/CRC staff to customize and implement three SDM assessments for APS: intake, safety, and family strengths and needs. The workgroup recently conducted inter-rater reliability testing of the assessments, and implementation is scheduled for spring/summer 2010.

**Kansas**

KVC Behavioral Healthcare and United Methodist Youthville, two private agencies providing foster care services in Kansas, recently began work with CRC to adapt and implement SDM assessments. The two agencies decided to work together in a joint development effort, which began in July 2009, to produce common assessment tools for use by both agencies. Implementation of SDM safety, risk, strengths and needs, and reunification assessments and the risk reassessment began in March 2010. KVC and Youthville may continue with the development of SDM placement assessments for use with substitute care providers.