

# SAFETY ORGANIZED PRACTICE QUICK GUIDE

## CONSULTATION & INFORMATION SHARING FRAMEWORK®

NORTHERN  
CALIFORNIA  
TRAINING  
ACADEMY

### SUMMARY

The Consultation & Information Sharing Framework® is a tool for case consultation and family meetings that organizes all available information to support assessment, planning and decision-making.

### PURPOSE

- The Consultation and Information Sharing Framework® is a tool to structure staffings, consultations or Child and Family Team (CFT) meetings about a referral or case. It is both a tool to guide the staffing or meeting and to document and organize the information discussed.
- The Framework helps guide social workers and supervisors to ensure they:
  - Gather all information needed to make decisions about a referral or case, through effective engagement and interviewing skills and approaches.
  - Organize all available information about a family's situation and child safety, using categories to assist in sorting complex information.
  - Use critical thinking skills to clarify information that is unknown, incomplete, or speculative (guessing).
  - Develop risk statements to help analyze information, with a clear description of the actual risk (harm/danger) to the child/youth, as well as the context (behaviors and/or environments) that that must be remedied through safety goals and next steps.
- The Framework can be used in internal (i.e., staff only) consultations or staffing regarding referrals and cases, including:

- Individual case consultation between a worker and supervisor or group of workers and supervisors.
- Group supervision, with a supervisor and their unit.
- Review, Evaluate, Direct (RED) Teams, which are a group decision-making process for Emergency Response hotline calls received.

*See SOP Quick Guide: RED Teams*

- Additionally, the Framework can be used as the guiding agenda for Child and Family Team (CFT) meetings to explore with the family and their network the harm/risk, safety, supporting strengths and next steps needed.

### COMPLETING THE FRAMEWORK

- The Framework tool is shown below. Walking through it line by line, here is how to complete it.

#### Reason for Referral

- Provide and document detail about the specific incident that brought the family to the attention of CWS.
- Address whether there is any prior history or pattern of this type of behavior by the parent(s) and any other prior referrals.

#### Risk Statement(s)

- Document the Risk Statement (also known as a Harm and/or Danger statement), which specifies the parents' past or current behavior and impact on the child, and worries about what may happen in the future.
- Context of risk* refers to providing details around when, where, with whom, how, etc., the risk to the child is present.

## CONSULTATION & INFORMATION SHARING FRAMEWORK®

### Reason for Referral

- Detail re: incidents bringing the family to the attention of the agency. Impact on children.
- Pattern/history

### Risk Statement(s)

- Risk to children
- Context of risk

### Complicating Factors

- Condition/behaviors that contribute to great difficulty for the family
- Presence of research-based risk factors (SDM)

### GENOGRAM/ECOMAP

#### Gray Area

Incomplete/Speculative Information

#### Current Ranking

1  
2  
3  
4  
5  
6  
7  
8  
9  
10

#### Next Steps

- (Immediate Progress)
- Safety/Protection Required
- Development of next steps relevant to risk context
  - Who
  - What
  - When
  - Etc.
- Enough safety to close

### Safety/Belonging

- Strengths demonstrated as protection/connection over time
- Pattern/history of exceptions

### Strengths/Protective Factors

- Assets, resources, capacities within family, individual community
- Presence of research-based protective factors

### Purpose/Focus of Consultation/Meeting

- What is the worker/team looking for in this consult? Purpose of meeting?

**Complicating Factors**

- Complicating factors are conditions that cause difficulty for the child or family but are not specifically the parents' behavior and its impact on the child. On their own, these factors would not be a reason for removal.
- In the *research-based risk factors* line, note identified areas of risk from the SDM Risk Assessment.

**Genogram/Ecomap**

- Provide a brief genogram (like a family tree) and/or ecomap (diagram of the family's connection with services and other supports) to provide information about who is in the family and what supports are present.

**Gray Area**

- *Gray Area* refers to information about the family, the referral, or the safety of the child that we don't know, are guessing at, or are making up ideas about. It requires further inquiry, investigation or information.

**Next Steps**

- What is needed for the agency to not be involved with the family? What are the goals of the family? Of the agency? Where does the family/agency want to be?
- *Immediate Progress* = what needs to happen right now to ensure child safety?
- What acts of safety/protection are required?
- What are the specific next steps, who will do them, and by when?

**Safety/Belonging**

- Safety is acts of protection by the parent or caregiver that mitigate the danger, demonstrated over time.

- Belonging is acts of connection, or people who are important to the child, demonstrated over time.
- Safety and belonging are shown by a history or pattern of exceptions to the behavior that is causing harm or danger to the child, i.e., times that the parent was clean and sober, times when their mental health was stable, times when family violence was not happening, etc.

**Strengths/Protective Factors**

- Strengths are positive things about a family or their situation that in and of themselves do not ensure safety, including assets, resources and capacities within the family or community.
- Strengths are also the presence of research-based protective factors per the SDM Family Strengths & Needs Assessment (FSNA).

**Purpose/Focus of Consultation/Meeting**

- **Case Consultation:** What specifically is the worker looking for in having this case consult?
- **Meeting:** What is the purpose of the child and family team meeting? (For example, to make a decision about removal, placement, return home or case closure.)

**Current Ranking**

- On a scale of 1-10, where do we rate how safe the child is right now?
- Where does the agency rate it? Where do the parents rate it? Where does the network rate it?

**Partnering (Scaling)**

- Scale the family's and network's willingness, confidence and capacity to keep the child safe.

**SAMPLE QUESTIONS TO ASK TO COMPLETE THE CONSULTATION & INFORMATION SHARING FRAMEWORK®****Genogram**

- Who is in the family? Maternal? Paternal? Other? Names, spellings, ages? Pets?
- Married? Significant relationship? Male? Female?
- Other people who provide support? Friends? Daycare? School? Work? Tribal connections?
- Race/ethnicity/cultural identity/considerations?

**Ecomap**

- Who else is involved with the family? Formal service providers? Practical support people? Tribe? Elders?
- Nature of relationships? Supportive? Hurtful? Other?

**Gray Area**

- Speculative information? Incomplete information? Impressions? Questions? Other?

**Reason for Referral**

- What brought the family to the attention of the agency? Provide details; move from generalities to specifics.
- Who is reported to have done what to whom? Specifically what are the descriptions of what happened?
- What is known about the impact on the children? Their actions/reactions? How vulnerable is the child (age, special needs, etc.)?

- What, if any, alternative explanations are there?
- What is known about any previous pattern and history of behavior?

**Strengths/Protective Factors**

- How are the children doing? What is known about their development? What kind of activities do they participate in? If in school, what is known about academic progress? General descriptions – Intelligent? Attractive? Active? Outgoing? Empathic? Humor? Who are the adults in their life that provide good support? Friends and social interactions? Responsibilities at home (chores, pet care, etc.), extracurricular activities, job?
- What is known about safe and effective parenting practices – time outs (age appropriate), time in (catching children being good and complimenting), revocation of privileges (reasonable), etc.?
- What is known about attentive parenting – knowledge about child schedules and activities, school work and activities, follow up on health concerns, dental health, and mental health?
- What is known about parent employment? How long employed? How does the money resource the family/children in terms of basic needs and extras?
- What is known about parent education levels and completion? What plans to continue or complete?
- What is known about parent health, physical/mental?
- What adult supports do the parent(s) have? Who do they turn to when they need help?

- What internal resources do the parents have – how have they managed difficult or stressful times successfully in the past? When were there times that they might have made unhealthy choices and did something healthier instead?
- How do the caregivers manage frustration? Anger?
- Transportation available? Public transportation accessible? Car? Driver's license?
- Food available? Formula? Diapers? Clothes? Housing/shelter? Over time?
- Daycare? Competent caregiver? Evidence of communication between parents and provider?
- What kinds of protective actions have the parents taken? Plans about children home alone? Daycare arrangements? Car seats/seat belts used? Time-outs when angry or frustrated? Outlets plugged? Hazards out of reach? Leave information for older children on how to reach them? Children know their full names and names of parents, where they live, phone numbers? Guns locked and ammunition locked separately? Smoke and carbon monoxide detectors in place and operational? Evidence of well-child checks and medical attention when needed? Immunizations up-to-date?
- Parents engaged in play? Knowledge about how to interact with children given ages and stages?
- Evidence of healthy attachment? Parents affectionate? Talk to and with children? Eye contact? Children seek comfort? Parents respond to distress? Parents can identify unique qualities and characteristics of children?
- Observations of interactions by social worker and other involved adults?
- Knowledge of community resources?
- Parent activities? Church? Sports? Community?
- Safe sleep practices? (Are infants in their own sleeping space? Proper ventilation? Free of bedding, toys, etc.?)
- What is known about the care of pets? Are they fed, trained, interactions with children, shots, etc.?

### Complicating Factors

- What contributes to making life more difficult? For the family members, children specifically, social worker, etc.?
- Where are the sources of conflict? Between family members? With social workers, etc.?
- Past history or concerns regarding use of alcohol or other drugs? Parents, other caregivers, children, youth?
- Formal diagnoses – mental health and/or physical health that complicate matters? Medication issues? Multiple medical opinions?
- What is known about financial stress? Rent or mortgage? Utilities? Food?
- Discrepant explanations? Making contact? Pending criminal charges?
- Revocation of driver's license? No car, health or dental insurance? Pending eviction?
- Low or absent confidence in progress or between people (family members, social worker, etc.)?
- Parenting challenges – teens? Struggles with friends?
- Past adult history of having been abused?
- Separation/divorce? Grief and loss?
- Alcohol or other drug use/abuse recovery challenges?
- Parents and children separated? Siblings separated?
- Immigration issues? Fears of deportation?
- Multiple courts involved? Conflicting court orders?

- Member of a marginalized population – history of oppression/denied access/opportunity?
- Evidence of animal/pet cruelty?

### Safety

- What strengths have been demonstrated as protection over time? Caregivers free of alcohol/drugs? Children well cared for and thriving? Basic needs met over time?
- Support people active in safety plan development and implementation? Safety plans tested and working? Constructive working relationship between social worker and family members (straightforward conversations, shared understanding of goals, willingness to disclose and work through gaps and challenges, etc.)? Collaboration among professionals (involved providers talking with each other alongside family members)?
- Caregivers meeting medical, dental and mental health needs of children consistently? Evidence of stability and security of care for children – parenting and/or co-parenting and primary and multiple attachments. Evidence of parents/caregivers providing consistent care and supervision for children specific to their developmental and any additional needs?
- Caregiver behaviors and emotions regulated? Details?
- Caregiver able to respond to child distress and provide calm environment? Details?
- Living environment free of hazards/toxins? Details?
- Living environment free of major stressors and/or those stressors managed and supports in place? Details?

### Belonging

- What relationship strengths have been demonstrated as meaningful connection over time? Attachment with a primary caregiver? Length of time in that person's care? Multiple attachments with consistent caregivers?
- Evidence of relationships with additional competent adults? Siblings? Others? Details? How enduring have these relationships been? Pattern and history of contact?
- Connections to culture? Ethnicity? Sense of identity? Opportunities to learn family primary language? Access to and opportunities to learn cultural practices and traditions? Access to extended family?
- Relationships consistent and stable? Child/young person able to count on these relationships on a daily basis? Seek help? Seek support? Evidence of child/young person seeking help and/or support?

### Risk Statement(s)

- What are you worried will happen to the child(ren)? (**RISK**) – Specific detail, specific people named, in language everyone can understand.
- When are you most worried that will happen? (**CONTEXT**) – Specific detail, specific people/actions named, in language everyone can understand.
- (*Child name*) may be (*risk*) when/if (*context*).

### Safety/Belonging Statement(s)

- The risk of \_\_\_\_\_ to \_\_\_\_\_ (child name) when \_\_\_\_\_ (context) is being/has been addressed by \_\_\_\_\_ (safety/belonging that addresses the context of risk). Provide specific detail, specific people/actions named, in language everyone can understand.