



Department of
Children's Services



Guide to Safe Systems Improvement Tool

Tennessee Department of Children's Services | December 2025

Introduction

The pursuit of learning is the characteristic that distinguishes high-quality service delivery systems. Organizations with a well-developed culture of excellence find ways to successfully identify improvement opportunities, implement strategies for change, evaluate change over time, and hardwire what they learn.

The [Safe Systems Improvement Tool \(SSIT\): National Partnership for Child Safety \(NPCS\) Version](#) is a multi-purpose information integration tool designed to be the output of an analysis process. The purpose of this instrument is to support a culture of safety, improvement, and resilience. As such, completion of this instrument is accomplished in order to allow for effective communication at all levels of the system. Since its primary purpose is communication, this instrument is based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding this instrument.

Six Key Principles

1. Items are included because they are relevant and inform system change opportunities.
2. Each item uses a 4-level rating (0-3) system. In aggregate and with focused attention to the Environment Domain, ratings translate into action levels designed to support quality improvement (QI) activities.
 - a. '0' indicates no evidence, no need for action
 - b. '1' indicates history. Watchful waiting/prevention is indicated.
 - c. '2' indicates that need interfered with functioning. Action needed to mitigate risk and avoid reoccurrence.
 - d. '3' indicates that need was dangerous or disabling and immediate or intensive action is required to prevent recurrence.
3. Ratings are made to identify an opportunity for improvement independent of a current intervention. If interventions are in place that are masking a need/opportunity, the underlying need/opportunity is described, not its status as a result of the intervention. For example, if a workaround has been created to overcome an equipment failure, the underlying equipment failure should be rated.
4. Item-level ratings are designed to promote objectivity and avoid bias. The potential for implicit and explicit biases should always be considered when rating an item.
5. Ratings use the influences' proximity to the incident as an organizing principle to support communication. If there was closeness in time or distance, and with relationship to the incident, a rating of "proximal" (i.e., 3) is appropriate.
6. It is about the "what and how," not the "who and why." Items are organized into domains to engage rich discussion on the complexity of factors affecting casework practice. Items are about *relationship and influence* and avoid the controversy of causal assumptions.

This is an effective assessment tool for use in critical incident review (e.g., child fatalities, child near fatalities) but may be used more broadly to understand systemic influences on other outcomes (e.g., entries to foster care, maltreatment recurrence). In short, the SSIT provides structure to the output of a review process. It organizes the reviewers' learnings, shares the "system's story" of an unwanted event, and advocates for

targeted system reform efforts to lessen the likelihood of the problem occurring again in casework. To administer the instrument found in the [Safe Systems Improvement Tool- National Partnership for Child Safety Version \(SSIT-NPCS\)](#) manual, the reviewer should read the anchor descriptions for each item and then record the appropriate rating on the assessment form.

Improvement Opportunities

The SSIT does not identify the problems to be explored systemically in the case under review. In this Reference Guide, problems identified in the case under review are called Improvement Opportunities (IOs). These are defined as actions or inactions in the case under review that are either relevant to the outcome or an important industry standard. The most important Improvement Opportunities are family-centered and describe what the family needed vs. received from the helping system. Being as specific as possible is helpful, as broad IOs that indicate only incomprehensive assessment or limited ongoing engagement do not describe exactly what happened and/or what was needed. Since the goal is system transformation to advance child safety – as much as possible in the context of family well-being – and meaningful transformational help is what professionals intend and want for those they serve, families’ needs are at the center of any review using the SSIT. For this reason, the Family Domain exists to point reviewers to consider potential IOs for further exploration. The SSIT’s System Domain ratings are organized around IOs. In order to rate an item in the System Domains as a 2 or 3, the item must be contributing to an identified IO.

The SSIT is best used by someone who is well-versed in their system and current industry standards, acknowledging of the high-risk and complex sociotechnical nature of human service work, appreciative of the professional’s goal to achieve the best outcomes, and with personal experience serving families. Someone with lived experience as a child, parent, or caregiver who has been a case member in child welfare involvement is a highly valued contributor for these reviews.

SYSTEM INDICATORS

FAMILY DOMAIN

Family/Caregiver Items

Family Conflict

Definition: This item refers to how much fighting and arguing occurred between family members. Domestic violence refers to physical fighting in which family members might get hurt.

Influence

0	Family had minimal conflict, got along well and negotiated disagreements appropriately.
1	Family generally got along fairly well, but when conflicts arose, resolution was difficult or there was a history of significant conflict or domestic violence.

2	Family was generally argumentative, and significant conflict was a fairly constant theme in family communications.
3	Family experienced domestic violence with high risk of physical or psychological harm.

Caregiver Developmental

Definition: This item refers to developmental disabilities including autism and intellectual disabilities. This includes experiences with inattention and hyperactivity (e.g., ADHD, ADD).

Influence

0	There was no evidence that the caregiver had developmental needs.
1	The caregiver had developmental challenges, but they did not currently interfere with parenting or there was a history of those challenges interfering with parenting.
2	The caregiver had developmental challenges that interfered with their capacity to parent.
3	The caregiver had developmental challenges that made it very difficult or impossible for them to parent.

Caregiver Mental Health

Definition: This item refers to mental health needs only (not substance use). A formal mental health diagnosis is not required to rate this item.

Influence

0	There was no evidence that the caregiver had mental health needs.
1	The caregiver was in recovery from mental health difficulties or there was a history of mental health problems.
2	The caregiver had mental health difficulties that interfered with their capacity to parent.
3	Caregiver had mental health difficulties that made it very difficult or impossible for them to parent.

Caregiver Substance Use

Definition: This item includes problems with alcohol, marijuana, illegal drugs and/or prescription drugs. A formal diagnosis is not required to rate this item.

Influence

0	There was no evidence that the caregiver used alcohol or drugs.
1	The caregiver may have had mild problems with work or home life that result from occasional alcohol or drug use, or there was a past history of substance use problems.
2	The caregiver had substance use that interfered with their life; caregiver had a diagnosable substance-related disorder near the time of the critical incident.
3	Caregiver had substance use that made it very difficult or impossible for them to parent.

Cultural Stress

Definition: Cultural stress refers to experience being treated as an “other” or inequitably and/or not included/accepted in one’s local community. It can be related to religious practice, race or ethnicity, custody or immigration status, ability status, neurodivergence, sexual orientation or gender identity. It can diminish experiences of inclusion, freedom, safety and self-worth.

Influence

0	Family experienced meaningful connections to their culture and community. Their identities felt affirmed and valued.
1	One or more family members had historically experienced times of disconnection, isolation, and/or discrimination.
2	One or more family members was experiencing active isolation or discrimination. They did not feel their identities were affirmed or valued, and/or they did not have meaningful connection to wanted cultural traditions or experiences.
3	One or more family members was experiencing severe isolation or dangerous discrimination. Their personal, social and cultural identities felt threatened.

Caregiver Economic Stability

Definition: This item rates the caregivers’ ability to consistently have met daily needs, such as affordable and safe housing, childcare, adequate income, healthy food, and reliable transportation. A family may have had adequate living stability via government and non-governmental assistance. If the government or non-governmental assistance was temporary or at-risk of being lost, this is a reason to rate the item a 2 or 3.

Influence

0	No current need; no need for action or intervention. This may have been a resource for the child. Caregivers had sufficient resources to raise the child.
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1	Caregivers had limited resources but usually had daily living needs met for the child. History of struggles with sufficient resources would be rated here as would the presence of ongoing governmental (e.g., subsidized housing) or non-governmental (e.g., food pantries, low-income medical clinics) supports that create economic sufficiency and are not at known risk of being lost (e.g., closing program, family at risk of not meeting eligibility criteria)
2	Caregiver needed help stabilizing their economic situation. The caregiver may have been at risk of losing economic supports, such as losing reliable transportation or housing or childcare. Daily living needs were sometimes unmet for the child.
3	Caregiver needed urgent help, perhaps due to homelessness, inadequate food, income, or no transportation. Child's daily living needs were often unmet.

Caregiver Parenting Behaviors

Definition: This item rates the caregiving behaviors of the primary caregivers. The item rates if the caregiver gave developmentally- appropriate care and followed the care-based recommendations of professionals (e.g., physicians)

Influence

0	Caregiver(s) were involved with the child and provided supervision, connection and protection.
1	Caregiver(s) were involved and generally provided supervision, connection and protection. There were some concerns about caregiving behavior, but they were mild or historical and unrelated to child safety.
2	Caregiver(s) did not follow through with professional recommendations or provide developmentally- appropriate care. Caregivers often did not provide needed supervision, connection and protection
3	Caregiver(s) did not provide adequate developmentally- appropriate care and gaps in caregiving were dangerous.

Child/Youth Items

Child/Youth Medical/Physical

Definition: This item is used to describe the child/youth's medical/physical health. Note: Most transient, treatable conditions would be rates as a '1'. Most chronic conditions (e.g., diabetes, severe asthma, HIV) would be rated a '2'. The rating '3' is reserved for life threatening medical conditions. A formal diagnosis is not required to rate this item.

Influence

0	No evidence that the child/youth had any medical or physical challenges, and/or they were healthy.
1	Child/youth had transient or well-managed physical or medical challenges. These include well-managed chronic conditions like juvenile diabetes or asthma.
2	Child/youth had serious medical or physical challenges that required medical treatment or intervention or child/youth had a chronic illness or a physical condition that requires ongoing medical intervention.
3	Child/youth had life-threatening illness or medical/physical challenges. Immediate and/or intense action was needed due to imminent danger to child/youth's safety, health, and/or development.

Child/Youth Developmental/Intellectual

Definition: This item describes the child/youth's development as compared to standard developmental milestones, as well as rates the presence of any developmental (motor, social and speech) or intellectual disabilities. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders including challenges related to attention and hyperactivity (e.g., ADHD, ADD). Rate the item depending on the significance of the disability and the related level of impairment in personal, social, family, school, or occupational functioning.

Influence

0	No evidence of developmental delay and/or child/youth had no developmental delay or intellectual disability.
1	There were concerns about possible developmental delay. Child/youth may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning were indicated.
2	Child/youth had developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD affected communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.
3	Youth had severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.

Child/Youth Mental Health

Definition: This item is used to describe the child/youth's mental health (not substance use or dependence). A formal mental health diagnosis is not required to score this item.

Influence

0	There was no evidence or signs the child/youth was experiencing mental health challenges.
1	The child/youth had mild challenges with adjustment, may have been somewhat depressed, withdrawn, irritable, or agitated. A history of mental health challenges would be scored here.
2	The child/youth had moderate mental health challenges that interfered with their functioning in at least one life domain (e.g., school).
3	The child/youth had significant challenges with their mental health, affecting two or more life domains (e.g., school, neighborhood community). The child/youth may have had a serious psychiatric disorder or have been experiencing serious thoughts to harm self or others.

Child/Youth Substance Use

Definition: This item includes problems with alcohol, marijuana, illegal drugs and/or prescription drugs. A formal diagnosis is not required to rate this item.

Influence

0	There was no evidence that the child/youth used alcohol or drugs.
1	The child/youth may have experimented with alcohol or drugs recreationally or privately on rare occasion.
2	The child/youth was using alcohol or drugs on a recurring basis.
3	The child/youth was using alcohol or drugs on a recurring basis and showed signs of building dependency and/or the use was often life-threatening – e.g., risking overdose.

PROFESSIONAL DOMAIN

Cognitive Bias

Definition: A faulty understanding of a situation due to basic human limitations (e.g., confirmation bias, cognitive fixation, focusing effect, transference) as well as unconscious or conscious bias, including microaggressions. Identity-based biases are rated here, such as racism, sexism, genderism, and ableism. Undervaluing culturally-normative traditions or caregiving behaviors is also rated here.

0	No evidence of bias(es).
1	Evidence of latency (i.e. no known impact to an Improvement Opportunity, but bias was present)
2	Bias(es) contributed to an Improvement Opportunity without proximity to the outcome.
3	Bias(es) contributed to an Improvement Opportunity with proximity to the outcome.

Stress

Definition: Psychological strain or tension resulting from adverse or demanding circumstances. Professionals express or exhibit difficulty managing the strains of casework and/or other life circumstances (e.g., divorce).

0	No evidence of stress.
1	Evidence of latency (i.e. no known impact to an Improvement Opportunity, but stress was present)
2	Stress contributed to an Improvement Opportunity without proximity to the outcome.
3	Stress contributed to an Improvement Opportunity with proximity to the outcome.

Fatigue

Definition: Extreme tiredness as a result of casework and/or other life circumstances (e.g., single parent, personal illness).

0	No evidence of fatigue.
1	Evidence of latency (i.e. no known impact to an Improvement Opportunity, but fatigue was present)
2	Fatigue contributed to an Improvement Opportunity without proximity to the outcome.
3	Fatigue contributed to an Improvement Opportunity with proximity to the outcome.

Knowledge Base

Definition: An absence of knowledge or difficulty activating knowledge (i.e., putting knowledge into practice).

0	No evidence of knowledge gaps.
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1	Evidence of latency (i.e. no known impact to an Improvement Opportunity, but knowledge gaps were present)
2	Knowledge gaps contributed to an Improvement Opportunity without proximity to the outcome.
3	Knowledge gaps contributed to an Improvement Opportunity with proximity to the outcome.

Documentation

Definition: Absent or ineffective official, internal records.

0	No evidence of documentation concerns. Documentation was completed within protocol timeframes and clearly communicated relevant details of case activity, case manager impressions, etc.
1	Evidence of latency (i.e. no known impact to an Improvement Opportunity, but documentation concerns were present)
2	Documentation contributed to an Improvement Opportunity without proximity to the outcome. Essential documentation (e.g. initial response, case notes, Immediate Protection Agreements IPAs), Family Advocacy and Support Tool (FAST), Family Permanency Plans (FPPs), etc.) was not completed in the Electronic Record System and/or available in the hard case file and/or contains minimal detail. Lack of documentation resulted in field professionals not having a clear sense of the relevant details of the case and, therefore, affected safety and risk assessment or case planning.
3	Documentation contributed to an Improvement Opportunity with proximity to the outcome. Essential documentation is not completed in the Electronic Record System and/or available in the hard case file and/or contains minimal detail. The extent of documentation issues affected poor outcomes for clients or staff.

Information Integration

Definition: Difficulties in obtaining externally-sourced information (e.g., medical records, criminal records, statements from key members, formal assessments).

0	No evidence of Difficulties in obtaining external records.
1	Evidence of latency (i.e. no known impact to an Improvement Opportunity, but difficulties were present)

2	Difficulties obtaining external records contributed to an Improvement Opportunity without proximity to the outcome.
3	Difficulties obtaining external records contributed to an Improvement Opportunity with proximity to the outcome.

TEAM DOMAIN

Teamwork/Coordination

Definition: Ineffective collaboration between two or more internal and/or external entities (e.g., agencies, people, and teams). Notably, this item does not encompass the family's willingness or cooperation but rather the team of child and family-serving professionals. *Note: Ineffective teamwork and coordination between an internal supervisor to those internally supervised is captured under the anchor "Supervisory Support."*

Influence

0	No evidence of issues with teamwork/coordination.
1	Evidence of latency (i.e. no known impact to an Improvement Opportunity, but teamwork/coordination issues were present)
2	Teamwork/coordination problems contributed to an Improvement Opportunity without proximity to the outcome.
3	Teamwork/coordination problems contributed to an Improvement Opportunity with proximity to the outcome.

Supervisory Support

Definition: Supervisor provides ineffective support, communication, teamwork, and/or is unavailable.

Influence

0	No evidence of problems with supervisory support.
1	Evidence of latency (i.e. no known impact to an Improvement Opportunity, but supervisory support concerns were present)
2	Supervisory support problems contributed to an Improvement Opportunity without proximity to the outcome.
3	Supervisory support problems contributed to an Improvement Opportunity with proximity to the outcome.

Supervisor Knowledge Transfer Deficit

Definition: Case direction from supervisor was inconsistent with best practice.

0	No evidence of problems with supervisory case direction.
1	Evidence of latency (i.e. no known impact to an Improvement Opportunity, but supervisory case direction concerns were present)
2	Supervisory case direction contributed to an Improvement Opportunity without proximity to the outcome.
3	Supervisory case direction contributed to an Improvement Opportunity with proximity to the outcome.

Production Pressure

Definition: Demands on professionals to increase efficiency. *Note: This is distinctive from Demand Resource Mismatch (DRM), as Production Pressure describes pressures within casework (e.g., overdue cases, extensive court involvements, child removals in other assigned cases). Though not exclusively, the presence of DRM may impact the presence of Production Pressures.*

Influence

0	No evidence of problems with production pressures.
1	Evidence of latency (i.e. no known impact to an Improvement Opportunity, but production pressures were present).
2	Production pressures contributed to an Improvement Opportunity without proximity to the outcome.
3	Production pressures contributed to an Improvement Opportunity with proximity to the outcome.

ENVIRONMENT DOMAIN

Demand- Resource Mismatch

Definition: A lack of internal resources or programs (e.g., inadequate staffing, limited access to drug testing supplies, insufficient funding for services) to carry out safe work practices. Note: The absence of equipment/technology and external resources/programs are scored in separate items.

Influence

0	No evidence of problems with demand-resource mismatch. Assigned case professionals appeared to have needed resources to carry out work practices.
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1	Evidence of latency (i.e., no known impact to an Improvement Opportunity, but demand-resource mismatch was present).
2	Lack of resources to carry out safe work practices contributed to an Improvement Opportunity without proximity to the outcome.
3	Lack of resources to carry out safe work practices contributed to an Improvement Opportunity with proximity to the outcome.

Practice Drift

Definition: A widely-accepted, often gradient, departure from work-as-prescribed. Practice Drift usually occurs as a result of experienced success and as a means of managing production pressures and/or complex interpersonal decisions. Practice Drift uniquely describes an environmental (e.g., system-wide, county-wide, office-wide) departure from work-as-prescribed and may involve a single or multiple child serving agencies.

Influence

0	No evidence of Practice Drift.
1	Evidence of latency (i.e., no known impact an Improvement Opportunity, but Practice Drift was present).
2	Practice Drift contributed to an Improvement Opportunity without proximity to the outcome.
3	Practice Drift contributed to an Improvement Opportunity with proximity to the outcome.

Equipment/Technology/Tools

Definition: An absence or deficiency in the equipment and technology (e.g., Electronic Record System, communication devices, electronics) used to carry out work practices. Tools refers to the structured assessments (e.g., CANS, FAST, SDM), predictive analytics, and related algorithms (e.g., algorithms may perpetuate systemic bias toward underrepresented populations).

Influence

0	No evidence of problems with equipment, tools or technology.
1	Evidence of latency (i.e., no known impact to an Improvement Opportunity, but issues with equipment/technology/tools were present).
2	The absence or deficiency of equipment, tools or technology contributed to an Improvement Opportunity without proximity to the outcome.

3	The absence or deficiency of equipment, tools or technology contributed to an Improvement Opportunity with proximity to the outcome.
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Policies/Rules/Statutes

Definition: The absence, poor clarity, or ineffectiveness of an internal written practice or procedure. Conflicting policies would also be rated here, as well as other written rules, statutes, and procedures detailing work-as-prescribed.

Influence

0	No evidence of absent or ineffective policies.
1	Evidence of latency (i.e., no known impact to an Improvement Opportunity, but the absence of ineffectiveness of a policy was present).
2	The absence or ineffectiveness of one or more policies contributed to an Improvement Opportunity without proximity to the outcome.
3	The absence or ineffectiveness of one or more policies contributed to an Improvement Opportunity with proximity to the outcome.

Training

Definition: The absence, poor clarity, or ineffectiveness of an internal formal instruction. This may include a variety of learning modalities, such as: web-based, classroom, independent study, formal mentoring or coaching, etc.

Influence

0	No evidence of absent or ineffective trainings.
1	Evidence of latency (i.e., no known impact to an Improvement Opportunity, but the absence of ineffectiveness of a training was present).
2	The absence or ineffectiveness of one or more trainings contributed to an Improvement Opportunity without proximity to the outcome.
3	The absence or ineffectiveness of one or more trainings was contributed to an Improvement Opportunity with proximity to the outcome.

Public Service Array

Definition: The unavailability or ineffectiveness of a particular public service. These services include county and state child and family-serving partners (e.g., public health, education/school, human services, court, law enforcement).

Influence

0	No evidence of problems with public service array.
1	Evidence of latency (i.e., no known impact to an Improvement Opportunity, but public service array concerns were present).
2	Problems with public service array contributed to an Improvement Opportunity without proximity to the outcome.
3	Problems with public service array contributed to an Improvement Opportunity with proximity to the outcome.

Private Service Array

Definition: The unavailability or ineffectiveness of a particular private, external and/or community-based service.

Influence

0	No evidence of private problems with service array.
1	Evidence of latency (i.e., no known impact to an Improvement Opportunity, but private service array concerns were present).
2	Problems with private service array contributed to an Improvement Opportunity without proximity to the outcome.
3	Problems with private service array contributed to an Improvement Opportunity with proximity to the outcome.

In addition to scoring the above anchors, Safe Systems Analysis Review Findings (or other quality improvement related findings) are scored individually.