

## Safety Methodology Practice Guidelines, Case Management

**Purpose:** This chapter outlines the core safety methodology constructs and guidelines which are commonly used in practice by case managers. The Florida Safety Methodology provides a uniform language for assessing child safety, family risk factors and consistent approaches for safety interventions. While local systems of care and community resources may be different, the fundamental actions to protect and intervene with unsafe children should be standardized across Florida.

### **New guidelines related to Safety Methodology:**

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## Monitoring a Safety Plan

**Purpose:** Management of the impending danger safety plan becomes the responsibility of the case manager when the case is transferred from investigations. Regardless of the type of safety plan, the case manager will continuously monitor and assess the family's condition and dynamics in order to ensure a "big picture" understanding that will progressively inform on-going safety planning. The assessment includes any critical junctures that are anticipated or currently occurring that may destabilize conditions in the home, such as the birth of a new child or other significant change in household composition.

Throughout the life of the case, the case manager is responsible for monitoring the safety plan to ensure that the least intrusive actions necessary to protect the child(ren) are in place, consistent with the diminished caregiver protective capacities and danger threat(s). This includes due diligence in assessing and assisting the parents with conditions of return to achieve reunification. Monitoring the safety plan to continuously assess its sufficiency and effectiveness also includes whether the level of intrusiveness should be adjusted. This guideline further describes responsibilities of the case manager around safety plans established in accordance with the "Safety Planning Practice Guideline for All Staff."

**Definitions:** Refer to Desk Reference Guide, Safety Plan Sufficiency Criteria

### Guidelines:

1. Within five business days after the case is transferred, the case manager and supervisor will confirm that the ongoing safety plan is sufficient.
2. In order to assess the sufficiency of a safety plan, the case manager must be familiar with the impending danger threat(s) that the safety plan was designed to control and:
  - a. For an in-home plan, how the safety services in the plan are expected to work (who is responsible for what and when)
  - b. For an out-of-home plan, have the conditions for return been met
3. The case manager must complete the following actions to confirm the sufficiency of any safety plan. These actions will be a combination of in-home visits, parent contacts for the child in an out of plan, and on-going communication with any current safety plan providers.
  - a. Have face to face contact with household members, including if there are alternate caregivers that are being used to control for safety.
  - b. Assess whether there have been any changes in parent conditions, attitude, ability or willingness to support the current in-home plan, or to create an in-home plan to achieve reunification.
  - c. Determine that the parent continues to be cooperative, or would now be cooperative, with safety services necessary for an in-home safety plan as evidenced by:

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- Agreeable to the safety services necessary for an in-home safety plan
  - Cooperative with all participants in the safety plan
  - Participating in the actions and the time requirements of the ongoing safety plan
  - Meets the expectations detailed in the ongoing safety plan.
  - Whether the home environment continues to be, or has become, stable enough for safety service providers to be in the home and be safe.
- d. Determine whether the condition of the child is satisfactory and danger threats to the child are being actively managed.
- Have a conversation with a verbal child; the focus of the conversation should be the child's feelings regarding his or her safety in the home.
  - Gather information from other persons who see the child frequently.
- e. Address requirements for the on-going assessment of an out-of-home safety plan as provided in the practice guideline for all staff for "Establish, Monitor and Modify Conditions for Return (Reunification)."
4. Ensure that adequate lines of communication are established and are in place so that any safety plan provider, whether a family member or a formal service provider, knows who to notify immediately if problems arise with safety plan implementation.
5. The case manager will continuously assess the family's condition and dynamics in order to ensure that the safety plan is dependable, sufficient and reflects the least intrusive actions necessary to protect the child.
6. When least intrusive actions are appropriate, the case manager should modify the safety plan accordingly (e.g. parent is now considered able to pick child up from child care and drive child home rather than the aunt continuing this safety plan service.)
7. The case manager should identify any critical junctures that are anticipated or currently occurring that may destabilize conditions in the home, such as the birth of a new child, an incarcerated parent returns home or other significant change in household composition. As soon as such information is known, the case manager should convene a safety plan conference with the parent and other persons including providers as appropriate to discuss:
- a. The potential effect the addition of the new child or household member may have on the family's current functioning including their ability to handle stress
  - b. Whether additional safety services will be needed in the home or whether the new child will require an out of home safety plan
  - c. Any needed changes to the current case plan.

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## **Supervisor:**

1. The supervisor will conduct a case consultation with the case manager within five business days of case transfer to confirm that the safety plan is reasonable and adequate:
  - a. The case manager is clearly able to describe and document how Impending Danger is manifested in the home
  - b. The plan is the least intrusive and most appropriate
  - c. The parents were involved in the assessment
  - d. It is clear how the Safety Plan is controlling and managing Impending Danger
  - e. The Safety Plan is clear and sufficient to manage the identified danger threats while case management and services are implemented.

## **FSFN/Documentation:**

1. The case manager will include in contact notes any assessment action related to safety plan sufficiency.
2. The case manager will formally document an updated safety analysis when completing the FFA-Ongoing and any Progress Updates.
3. Supervisory case consultations about safety plans will be recorded by the supervisor or case manager using supervisory case consultation functionality in FSFN.

## Modifying a Safety Plan

**Purpose:** Once a case has been transferred, the case manager is responsible for developing and implementing modifications to the safety plan based on the case manager's ongoing assessment of safety plan sufficiency. The safety plan should consist of the least intrusive actions.

This guideline further describes responsibilities of the case manager around safety plans established in accordance with the "Safety Planning Practice Guideline for All Staff."

**Definitions:** Refer to Desk Reference Guide, Safety Plan Sufficiency Criteria

### Guidelines:

1. A safety plan must be modified when any of the following changes occur:
  - a. A new danger threat has been identified
  - b. Danger threats have been eliminated
  - c. Safety Analysis criteria for an in-home safety plan
    - There are any changes in the parent's willingness to cooperate with safety service providers
    - There are any changes associated with a calm and consistent home environment
    - There are changes in the availability of safety service providers
    - There are changes in family dynamics or conditions which change the types and or level of safety services needed, including but not limited to:
      - a new child is born or comes into the home
      - a parent/legal guardian returns to the home
      - parent/legal guardian becomes involved in new intimate partner relationship
      - significant changes to household composition
    - There are changes in the availability of a physical location in which the safety plan can be implemented becomes available
  - d. A child is released to the other parent, relocated in a family arrangement or sheltered
2. The supervisor will conduct on-going case consultations with the case manager at critical junctures to review safety plans.
3. The case manager should take the following actions to modify a safety plan:
  - a. Take protective actions immediately (in order to keep the child from being harmed).
    - Identify the specific danger threat that is not controlled by the current safety plan
    - To the extent possible, the case manager, the parents, and any providers involved in the formulation of the original safety plan will coordinate to revise the safety plan. Other participants may be invited as needed.
    - Identify whether there are ways to manage the identified danger threat with the child in the home; and if yes, contact persons or providers who can participate in

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- providing safety services in an ongoing safety plan
  - Ensure that any in-formal safety plan providers are assessed according to practice guidelines for “Informal Providers in Safety Plans.”
- b. Convene a safety planning conference with the parent, members of the parent’s resource network and other safety service providers to modify an impending danger safety plan.
- Adhere to special considerations in cases involving the dynamics of domestic violence as specified in “Safety Planning Practice Guideline for All Staff.”
  - Review and discuss current family dynamics and conditions relative to criteria for an in-home safety plan or conditions for return.
  - Review and discuss each of the specific components of the safety plan and whether they are working dependably, are the least restrictive action given current family dynamics, and what modifications are needed.
  - Identify options for plan modifications needed, eliciting family resources and solutions.
  - Agree on modifications to be made.
  - Follow up with CLS when necessary to seek court approval of modifications when a safety plan that is part of the court order.
- c. Consult with supervisor if assistance is needed in developing a sufficient ongoing safety plan.
2. Case managers are not authorized to take a child into custody. When it is necessary to take a child into custody the following actions will be initiated by the case manager:
- a. Request assistance from a child protective investigator to assist the case manager in developing an out of home safety plan to protect the child. Both the investigator and the case manager will collaborate to effect the placement.
  - b. Make a hotline report **only when** there is a new allegation of maltreatment.
  - c. Conduct a staffing with an investigator and CLS to determine judicial actions.
  - d. Develop and document an updated safety analysis which explains why the criteria for an in-home safety plan is not met
3. The case manager should revise the ongoing safety plan and obtain signatures of the parent(s) and any informal safety plan providers. The signatures of formal safety plan providers are not required.

### Supervisor:

1. **Within 5 days of any safety plan modification, the supervisor will conduct a case consultation with the case manager for purposes of affirming the safety plan.** The supervisor will determine that:
  - a. The case manager is clearly able to justify the need for the level of intrusiveness by Safety Analysis criteria.

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- b. The parents were involved in the assessment.
  - c. It is clear how the plan will control and manage impending danger.
  - d. The case manager is clearly able to describe in documentation how Impending Danger is manifested in the home
  - e. The plan is the least intrusive and most appropriate.
2. **At critical junctures, the supervisor will conduct a case consultation** with the case to review safety plans, including but not limited to the following situations:
- a. a new child is born or comes into the home
  - b. a parent/legal guardian returns to the home
  - c. parent/legal guardian becomes involved in new intimate partner relationship
  - d. significant changes to household composition

### **FSFN/Documentation:**

1. Within two days of any plan modifications, the case manager will document the most recent version of any safety plan.
2. Significant changes to the safety plan require documentation of a Progress Update.
3. Supervisory case consultations will be recorded by the supervisor or case manager using supervisory case consultation functionality in FSFN.

## Family Engagement Standards for Preparation Activities

**Purpose:** The purpose of preparation activities is to adequately inform the case manager about the family's progress or challenges with current and past interventions. An adequate understanding of the family's involvement with, and response to, intervention efforts is needed to assess and scale caregiver protective capacities and child needs as required in the FFA Ongoing. It will also help the case manager identify strengths of the family that can be used to develop specific engagement strategies. Reviewing service history will prepare the case manager for conversations with parents as to past service interventions and learning from the parent's perspective what worked, or did not work. Preparation activities help the case manager identify what might already be known relative to the information domains as well as what gaps exist and what more needs to be learned about the family.

### Guidelines:

1. The case manager will complete preparation stage activities. To the extent possible, preparation activities will begin prior to the case transfer and will be completed prior to the initial meeting with the family.
2. The case manager will review case history including
  - a. Historical Information available in FSFN and other systems including any court orders
  - b. FFA completed by the investigator to ensure an understanding of the following
    - Danger threats and how they manifest in family
    - Caregiver protective capacities
    - Vulnerability of child(ren) to the danger threats
    - Safety plan
    - Safety analysis and conditions of return
    - The case manager's role in managing the safety plan, including the responsibilities for contact with the safety service providers.
    - What is expected from each safety service provider?
  - c. Household composition and dynamics.
  - d. Parent(s), legal guardians and other adults with significant responsibility for the ongoing care and protection of the child.
  - e. Which household members might have a role in the case plan, including any paramour of the caregiver and how the individual's interaction with the parent or legal guardian can be assessed in the appropriate information domain.
  - f. Information about parents and prospective parents of the children and how to contact them.
3. The case manager will identify special circumstances that are known to be impacting the family and any past interventions for these circumstances. Given any special circumstances, the case manager will identify whether any special expertise will be



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needed on the family team for this case. Special circumstances include:

- a. Domestic violence
  - b. Parents' own childhood history of abuse
  - c. Substance abuse
  - d. Mental illness
  - e. Condition or circumstance of parent that will require assistance with verbal or written communication
  - f. Criminal behaviors and other factors impacting the parents' abilities to be protective
  - g. Indicators that an infant or young child may need a referral to Early Steps (birth to 36 months) or other early intervention screening and assessment for possible developmental delays.
  - h. Other special needs of children in the home (e.g. medical, mental, learning disabilities, deaf and hard of hearing)
4. Following case transfer, the case manager will plan the timing, location and circumstances of the parent contact based on what is learned about the family.
- a. Identify any family conditions or dynamics that may pose a personal safety threat. If threats are identified, discuss strategies for managing personal safety with supervisor before meeting arrangements with family are finalized.
  - b. Determine if the meeting should be at the family home, the office, or a neutral setting.
  - c. Determine if there might be a day of the week and time of day that would best allow the parents to focus on the meeting.
  - d. When there is an adult involved in the household who is responsible for domestic violence, determine how to ensure a separate meeting with the other spouse or partner so that the interview is not compromised.
5. The case manager will identify professional records that should be obtained or interviews conducted with persons/professionals formerly involved with the client to further understand what is known, and what additional information needs to be learned as to:
- a. Past treatment for mental health or substance abuse
    - What is parent's diagnoses
    - What are symptoms of their condition
    - How is daily functioning impacted
    - How is providing care and protection for child impacted
    - What treatment has worked successfully to manage the condition
    - What treatment(s) are known to not be effective
  - b. Past treatment or interventions for child with special needs
    - What is child's condition
    - How does it impact child's daily functioning
    - How does it impact care of child
    - What interventions have worked successfully to manage the condition

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- What interventions are known to not be effective

## Supervisor:

1. The supervisor is responsible for knowing the quality of practice of the case managers assigned to them. This includes understanding the interpersonal skills that their case managers use to engage families, and which individuals may need additional support with implementation of the stages of engagement.
2. The supervisor provides consultation and coaching to those case managers who need additional support and coaching with preparation activities. A case consultation for preparation might accomplish any of the following:
  - a. Determines the need for case manager's safety
  - b. Allows case manager the opportunity to ask questions
  - c. Facilitates discussion as to what is already known and what additional information gathering is necessary to reconcile or fill gaps
  - d. Affirms the case manager's approach to engaging the family
  - e. Affirm that the case manager has the skills necessary or determines what supports are needed.
3. To the extent practical, case consultation related to preparation activities should be considered with a face-to-face or telephonic consultation between the supervisor or designee and the case manager when a case involves:
  - a. Life threatening injuries or a child fatality
  - b. Severe domestic violence perpetrated against a parent (bite marks, attempted strangulation, assault of pregnant mother, injuries requiring medical treatment, threats of homicide or suicide)
  - c. Potential danger to the case manager
  - d. "High profile" participants (department/CBC/sheriff staff/public officials or celebrities, etc.)
  - e. All cases assigned to provisionally certified case manager
4. Case consultations focused on case management preparation should involve a wide array of considerations, including but not limited to the following examples:
  - a. *What additional information might be obtained from any prior case workers or service providers? If prior involvement of the family was recent or extensive, should there be a staffing with past professionals involved?*
  - b. *Which individuals are likely to know the family well enough to provide information on an on-going basis during case management about child and adult functioning, general parenting and disciplinary and behavior management practices?*
  - c. *Is there a sequencing of the interviews that will likely influence subsequent interviews (i.e., information gained informs next interviews line of questioning, etc.)?*
  - d. *Are there any discernible patterns of 'out-of-control' behaviors (i.e., domestic violence, substance abuse, unmanaged mental health condition, etc.) that the case*

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*manager should have a heightened awareness of and knowledge as to how to approach intervention?*

- e. *Is there a need for immediate consultation/teaming with external partners (law enforcement, domestic violence advocate, substance abuse or mental health professional, etc.) prior to meeting the family?*

### **FSFN/Documentation:**

1. Any collateral interviews conducted to learn more about family conditions and/or needs should be documented in case notes by the case manager.
2. Any past evaluations, treatment notes and/or discharge summaries requested by the case manager should be documented in FSFN.
3. Any past evaluations, treatment notes and/or discharge summaries received by the case manager should be scanned into FSFN.
4. Supervisory case consultations will be recorded by the supervisor or case manager using supervisory case consultation functionality in FSFN.

## Family Engagement Standards for Introduction

**Purpose:** Introductory case management activities with parents should focus on building rapport; learning about the family; providing information and beginning to develop a trust-based working relationship. For families with a history of involvement or multiple challenges, several meetings might be required. The first conversation with the family should help transition the parents from the investigation to ongoing services. It should provide families with an opportunity to discuss their concerns, ask questions and express their sentiment about the circumstances surrounding their involvement with the department.

### **Guidelines:**

The following Information gathering activities during the introduction stage with parent(s) should occur in sequence to the extent possible. When the family initiates discussion that starts somewhere else on the list below, they are likely to be more engaged when the case manager allows that to happen. These following required activities might be accomplished in one or several meetings with the family.

1. If families have had past involvement with the child welfare system, the case manager should acknowledge that this is known, and seek family perspectives about that experience.
  - a. Acknowledge their feelings about past experiences.
  - b. Ask what things worked well or did not work at all given their experience.
  - c. Ask what you could do to make the experience different this time.
  - d. If family appears somewhat open, ask what family might do differently this time.
2. The case manager should learn general information about the children and any other persons in the household.
  - a. The case manager should learn about the family's understanding and perspectives as to conditions, circumstances that led to current agency involvement.
    - Family perspective as to how current situation came about (the family story).
    - Family awareness of exceptions to the problem that led to child welfare involvement.
    - Case manager's initial impressions as to the stage of change the parents are in.
    - Actions the parents have already taken to begin making change.
    - Extent to which parents are in-agreement, partial agreement or in denial as to danger threats. (Refer to DCF Reference Guide, Stages of Change)
3. The case manager should explain what case management work with families usually involves (i.e., figuring out what needs to change for parents to close their case or regain responsibility for the care and safety of their children).
  - a. Give family the opportunity to ask questions and receive answers about the current agency involvement in their lives.
  - b. Ask families to share worries and concerns about agency involvement.

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4. If family expresses concern about worker's age, lack of knowledge about children or their culture be prepared to:
  - a. Acknowledge that family perception is understandable, even if case manager had children that life experiences and traditions are different in every family,
  - b. Explain that the parent(s) are the only experts for their family and you hope they will share their expertise with you,
  - c. Offer that as a case manager you have learned a lot from other families who have had circumstances similar to theirs and you will be willing to share what you have learned from other families.
  
5. The case manager should establish a working agreement with the family that includes the following:
  - a. Agreement or family's commitment to participate in meetings, interviews, planning, activities and services.
  - b. Expression of their perspective and feelings regarding what has been leading to the identified danger threats, what needs to change, how things are going, what might work better.
  - c. Family involvement in identifying children's needs related to danger threats.
  - d. Family involvement in meeting children's needs when they are in out of home care.
  - e. Family involvement in developing the case plan and making choices whenever possible.
  - f. Involvement in assessing what services are working well or not well.
  - g. Developing solutions if challenges arise including developing back up plans to avoid crises.
  - h. Agreement as to how dates, time and place of meetings will be established and understanding that there will be unannounced home visits.
    - a. Provide 24-hour contact information for local office.
    - b. What to do when case manager cannot be reached.
    - c. Develop safe communication strategies when dynamics of domestic violence pose threats for the survivor and children in family.
  
6. If the parents are unwilling to commit to the assessment process, the case manager should try to gain additional information and discuss with the parent(s) the reasons they are unwilling to participate in the process. The case manager should seek to find some areas of mutual agreement such as meeting their child's needs, which can serve as a point of further discussion or allow for some collaborative planning between the parent and the case manager.

### **Supervisor:**

The Supervisor is responsible for knowing the quality of practice of the case managers assigned to them. This includes understanding the interpersonal skills that their case managers use to engage families, and which case managers may need additional support with implementation of

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the stages of engagement.

1. The supervisor provides consultation and coaching to those case managers who need additional support and coaching with introduction activities. A case consultation for introduction might accomplish any of the following:
  - a. Provides the case manager an opportunity to consult with the supervisor as to their approach to engaging the family
    - What did the case manager do that they feel worked well and why
    - What does the case manager wish they had done differently and why
  - a. What does the case manager plan to do next to continue building family engagement and trust
  - b. Review the benefits of preparation activities, including any preparation opportunity that might have been missed
  - c. Case manager's critical thinking and analysis
  - d. Case manager's concerns and areas of help needed
2. The supervisor is able to assess further skill or knowledge enhancement that case manager may need.

### **FSFN/Documentation:**

1. Supervisory case consultations will be recorded by the supervisor or case manager using supervisory case consultation functionality in FSFN.
2. Each meeting with a family will be recorded by the case manager in case notes.

## Family Engagement Standards for Exploration of Child Strengths and Needs

**Purpose:** The case manager is responsible for identifying the extent to which certain desired conditions related to a child's functioning are present. The child well-being indicators, referred to as "Strengths and Needs," are a core component of the FFA-Ongoing and Progress Updates. Whether children are in an out of home safety plan or remain with the parent as part of an in-home safety plan, it is important for the case manager to first reach consensus with parent(s) as to the child's strengths and needs. Once agreement is achieved with parents as to child needs related to safety, security, care and nurturing, conversations as to what parents need to be able to provide or do for their child flow naturally. Agreement with parents as to their child's strengths and needs supports the further conversations about their specific protective capacities to meet the child needs. The child's strengths and needs will be assessed throughout the life of the family's involvement with the child welfare system.

**Note:** See Safety Methodology Desk Reference Guide, Child Strengths and Needs for specific definitions of child strengths and needs and scaling criteria for each indicator.

### Guidelines:

1. The child strengths and needs that case managers should learn about during the exploration stage of family engagement are defined in the Safety Methodology Desk Reference Guide.
2. The case manager is responsible for assuring that the child's needs are addressed by their parents, as well other caregivers when children are in an out of home setting.
3. The case manager is responsible for **monitoring** that child needs are met by the parent when the child is with the parent. Activities include but are not limited to the following:
  - a. The child's medical, mental health and/or developmental needs and making sure the parents are getting the child to appointments and accessing identified resources.
  - b. The child's school attendance, review of school records and any educational assessment and ensure the child's educational needs are met.
4. To assess child strengths and needs the case manager will conduct the following activities:
  - a. Talk with the child's parents and the child, if age appropriate, about current well-being strengths and needs.
  - b. Work to form a partnership with the parents to learn and understand the child's needs.
  - c. Observe the following critical parent-child interactions:
    - Child displays behaviors that seem to provoke strong reactions from parent

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- Parent ignores inconsequential behavior or appropriately responds to child's "acting out"
  - Child has difficulty verbalizing or communicating needs to parent
  - Parent easily recognizes child's needs and responds accordingly
  - Child demonstrates little self-control and repeatedly has to be re-directed by parent
  - Child plays by himself or with siblings/friends age appropriately
  - Child responds much more favorably to one family member
  - Family members appropriately express affection for each other
  - Parent demonstrates good / poor communication or social skills
  - Parent is very attentive / ignores or is very inattentive to child's expressed or observable needs
  - Parent consistently / inconsistently applies discipline or guidance to the child
  - Parent reacts impulsively to situations or circumstances in the home
  - Parent demonstrates adequate coping skills in handling unexpected challenges
- d. When needed, get parental authorization to obtain copies of the child's records. Contact the child's physician and other treatment providers to fully understand special medical, mental, developmental conditions or needs and the impact of such needs on child's daily functioning and care.
- e. Obtain and utilize information in a Comprehensive Behavioral Health Assessment (CBHA) when available.
- f. Obtain medical records for the child in out-of-home care, including immunization records.
- g. Determine if child may need to be evaluated based on potential exposure to drugs or alcohol.
5. The case manager will determine whether the child's physical health and other well-being needs must be addressed with interventions and/or services in the case plan as follows:
- a. For the child with an in-home safety plan, do the parents' protective capacities include ability and willingness to tend to all child needs
  - b. For the child with an out of home plan child well-being needs must be addressed in the case plan based on results of scaling in the FFA-Ongoing or Progress Update
6. The case manager will provide their assessment of child strengths and needs in the "child functioning" family assessment area of the FFA-Ongoing or Progress Update. The case manager will also provide a rating of each child strength or need in accordance with the ratings provided in the Desk Reference Guide.
7. A child strength or need rating of "C" or "D" must be addressed in the case plan, or justified when not addressed, when the child is a dependent child. When the parents



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retain physical custody, the case manager must determine whether the parent is adequately addressing the need.

## **Supervisor:**

1. The supervisor provides consultation and coaching to those case managers who need additional support and coaching with exploration activities. A case consultation for exploration of child strengths and needs might provide the case manager an opportunity to consult with the supervisor as to their understanding of:
  - Child strengths and needs
  - How such needs impact child's daily functioning
  - Impact on care and supervision of child
  - Whether parent or other caregiver understands and is attending to any child needs
  - Any supportive services that parent or caregiver needs
  - Case managers concerns and areas of help needed
2. A supervisory consultation is required in all cases prior to approval of the FFA-Ongoing or Progress Update.
3. A supervisory consultation may be provided as needed to support the case manager in identifying any experts and/or resources that might be beneficial in evaluating or addressing child needs.

## **FSFN/Documentation:**

1. Supervisory case consultations will be recorded by the supervisor or case manager using supervisory case consultation functionality in FSFN.
2. Each meeting with a family will be recorded by the case manager in case notes.

## Family Engagement Standards for Exploration of Parent/Legal Guardian Protective Capacities

**Purpose:** This phase of family engagement is a process of joint exploration with the parents as to what must change in order for the agency to close the case. It defines how the parents and the agency will know that the parents can provide adequate protection and care for their child going forward, without an agency managed safety plan. The danger statement is the “bottom-line” as to what must be addressed. The exploration phase also facilitates deeper information gathering about caregiver protective capacities and child needs, and the relationship of all to the identified danger threats. The exploration stage lays the final groundwork for co-constructing a case plan with the parents.

**Note:** This practice guideline builds upon basic requirements for all staff provided in “Assess Caregiver Protective Capacities.”

**Definitions:** See Safety Methodology Desk Reference Guide, Caregiver Protective Capacities and scaling criteria for each indicator.

### Guidelines:

The activities of the exploration stage are described in a logical sequence, but the order in which they occur is controlled by the specific circumstances of the case.

1. The case manager must engage with the parent in a positive manner to gather additional information in the domain areas, understand danger threats and develop a deeper understanding of caregiver protective capacities.
2. The case manager should explain to the parent that collaborating to assess their family’s situation and to develop a case plan is not an admission to any allegation of abuse, abandonment or neglect, and it is not a consent to a finding of dependency or termination of parental rights.
3. The case manager should work with parents to craft a danger statement.
  - a. The case manager should review with the parent the danger threats identified by the investigation and re-evaluate if the parents are denying the presence of danger threats, are in partial agreement, or are in near complete agreement.
  - b. As necessary, the case manager should help the parents understand specifically what makes the child unsafe. Discuss with the family what the current family behaviors, conditions, and circumstances are that create danger threats. The case manager should explore the following through conversational interviewing:
    - What has changed in the family that creates the unsafe situation
    - What has/hasn’t worked in the past around that change
    - General adult functioning

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- Child functioning
  - Adult functioning in the parental role and adult functioning regarding discipline
  - Reach agreement with the parents as to what the child needs to be cared for and safe.
- c. The case manager should co-construct the danger statement with parents when possible. The danger statement is a behaviorally based statement in very clear, nonjudgmental language which states these four things:
- What the caregiver actions were
  - What the impact was/is on the child
  - What the case manager is concerned about that could happen in the future
  - When it is not possible to reach full agreement with the parents, the danger statement may state clearly that it represents what the involved case manager is concerned with.
- d. The case manager should ensure that the Danger Statement to the fullest extent possible:
- Is something that a safety network, (safety plan providers and family resource network members working with the family) can sign off on and be invested in
  - Is simple enough so the youngest person in the family with the ability to comprehend can understand
  - Is in the family's language as it serves as the framework for effective safety planning.
4. The case manager will work with the parents to identify the diminished protective capacities which may have resulted in the identified danger threats. The case manager should:
- a. Explain information to parent(s) about protective capacities
  - b. Encourage the parents to offer their perspective as to which diminished protective capacities led to an unsafe child
  - c. If the parents are unable or unwilling to offer their perspective, offer suggestions as to which protective capacities may be diminished and ask for feedback
  - d. Reach agreement with the parents as to which diminished protective capacities directly impact child safety
  - e. Encourage the parents to offer their perspective as to which enhanced protective capacities (strengths) could be built upon to address the identified danger threats. If the parents are unable/unwilling to offer their perspective, offer suggestions as to which protective capacities may be enhanced and ask for feedback
  - f. Explore what the parents might do enhance protective capacities and improve diminished protective capacities
5. As necessary, the case manager should gather information from other persons and professionals to inform completion of the FFA-Ongoing. The case manager should seek

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and validate information from others who know the family as to the behaviors, conditions, or circumstances that led to an unsafe child. This might include other case managers who worked with the family before if there was prior involvement. There may be other professionals who have had past or current involvement with the parent(s), or current evaluations may be in the process of being completed. Activities to complete information gathering should include:

- a. Obtain and complete review any relevant documentation.
  - b. Interview other involved persons.
  - c. Obtain professional assessments and evaluations.
6. The case manager should work with the family to establish a mutually agreed-upon family goal and assess their motivation for change. This should happen after the protective capacities which resulted in the identified danger threats are better understood. The family goal should be established collaboratively with family members. When that is not possible, the case manager should provide some choices for the family that would be acceptable to the agency. The family goal statement:
- a. Describes agreement between the parents and the case manager about what must happen (to parent's protective capacity) for the child's safety to be sustained without the involvement of the agency
  - b. Is written in clear, everyday language
  - c. Describes the presence of new, observable behaviors or actions related to the children (rather than the absence of old, problematic behavior)
  - d. Enables the case manager able to:
    - Talk about what it will look like when the child is safe with the parents
    - Discuss how will the parents (and agency) know that the child is safe
    - Discuss what will change so that the child's safety is sustained.
  - e. Develop family goal statement using the family's words to the extent possible
  - f. A family goal is not a description of services or treatment which might be the method for achieving the goal.
7. After a family goal has been established, the case manager should gather information from the parent as to possible strategies for achieving family goal as follows:
- a. Identify the family's resource network that might be willing and able to assist the parents in achieving the family goal
    - Who cares about the children, even if not currently on good terms with parents?
    - Who do the parents call if they have an emergency?
  - b. Ask the parents to brainstorm a list of different ideas that might help them achieve improved parental protective capacities
  - c. Explain to parent any next steps that the case manager will take to inform the completion of the FFA-Ongoing
  - d. Gather parent ideas about interventions, treatment, services.
  - e. Explore parent concerns as to possible barriers.
  - f. Seek consideration of case manager ideas that other family members or persons

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- involved have suggested
- g. Case manager might share what has been helpful for other families in similar situations.
8. The case manager will determine the parent(s)' motivation to change. Knowing the stage of motivation a parent is currently experiencing will guide the case manager's efforts throughout the life of the case to help the parent move forward through the stages of change. The case manager will assess the parent's stage of change based upon:
    - a. Responsiveness to case manager's phone calls and scheduling meetings
    - b. Participation in discussions with case manager
    - c. Willingness to engage in the assessment process
    - d. Ability to help develop a danger statement
    - e. Extent of understanding and agreement with the danger statement
    - f. Ability to develop a family goal
    - g. Parent willingness to consider change
    - h. Parent able to generate good ideas on their own
    - i. Parent identification of barriers, real or imagined that need to be addressed
  9. When there are situations where the parents are unable or unwilling to engage, or the case manager and the parents disagree about the reason for the agency's involvement or what needs to change, it is the ongoing responsibility of the case manager to exhaust all efforts to move the case forward and to continue to actively seek the parents' involvement in the following ways:
    - a. Work diligently to overcome the barriers to the parents' participation
    - b. Frequently and actively re-invite the parents' participation
    - c. Continue to work toward establishing a partnership
    - d. Obtain and review all relevant documentation
    - e. Interview other involved persons
    - f. Obtain professional assessments and evaluations
    - g. Obtain professional input as to engagement approaches, such as use of a substance abuse, domestic violence advocate or mental health professional.

### **Supervisor:**

1. A supervisory consultation will provide the supervisor with an understanding of the interpersonal skills that their case managers use to engage families, and which case managers may need additional support with implementation of the standards for family engagement.
2. A supervisory consultation may be provided as needed to support the case manager in identifying any experts and/or resources that might be beneficial in evaluating or addressing child needs.
3. If parents are still highly resistant and/or are unwilling to engage with the case manager

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during or at the conclusion of the exploration stage, a supervisor case consultation **is required** to:

- a. Provide case manager an opportunity to assess family dynamics and sources of resistance
  - b. Support case manager in considering other efforts to engage and in determining next steps
4. The supervisor provides consultation and coaching to those case managers who need additional support and coaching with exploration activities. A case consultation for exploration should accomplish the following:
- a. Provide the case manager an opportunity to consult with the supervisor as to their approach to engaging the family through exploration activities
    - What does the case manager feel worked well and why
    - What does the case manager wish had been done differently and why
    - What does the case manager plan to do next to continue building family engagement and trust
  - b. Provide the case manager and opportunity to present and discuss any of the following:
    - Danger Statement
    - Conditions for Return
    - Safety Plan
    - Caregiver protective capacities that are a strength or are diminished
    - Assessment of family goal, input for case plan, perceived barriers
    - Resources or support needed from supervisor
    - Next steps
5. The supervisor is able to assess case manager skills and determine what supports are needed.

### **FSFN/Documentation:**

1. Supervisory case consultations will be recorded by the supervisor or case manager using supervisory case consultation functionality in FSFN.
2. Each meeting with a family will be recorded by the case manager in case notes.

### **Documenting the Family Functioning Assessment (FFA)-Ongoing**

**Purpose:** After all activities in family engagement stages 1-3 have been completed the case manager is ready to synthesize and document assessment findings in the FFA-Ongoing. While facts gathered from the family and other sources are briefly documented in contact notes, the assessment document once completed provides a synthesis and critical analysis of all facts gathered. The assessment will be pre-populated with information already entered in the system by the investigator, including information in any previous FFA-Ongoing developed by the case manager. This pre-populated information is brought forward to inform the current assessor's FFA but the information should be modified (or completely eliminated in some instances) to reflect the current family situation and progress. Information in the FFA-Ongoing will pre-populate case planning worksheets when the case manager develops the case plan.

#### **Guidelines:**

1. The FFA-Ongoing initial assessment must be completed within 30 days of case transfer.
2. The case manager confirms and updates household composition:
  - a. Children in household – Names, dates of birth, current placement, role in case plan (yes/no).
  - b. Parent/Legal Guardians and other household members – Names, dates of birth, relationship to child, role in FFA.
  - c. Other significant persons in the family's life and role in case plan.
3. The case manager states the reason(s) for ongoing agency involvement. The danger statement which was crafted with the family will populate this section.
4. The case manager confirms that the parent/legal guardian whose behaviors need to change are the primary focus of the FFA and determines which other persons will be associated with, and described in, the information domains for the parent/legal guardian.
5. The case manager completes the family assessment areas which correspond with the information domains.
  - a. Information gathered and assessed about the maltreatment and surrounding circumstances by the CPI will automatically populate the FFA-Ongoing and will not be editable.
  - b. In the "Additional Ongoing Information" section for the maltreatment and surrounding circumstances, the case manager will describe any new information learned about the incident or surrounding circumstances (e.g. the father had been prescribed medications and revealed to the case manager that he was not taking them at the time of the incident).
  - c. Information gathered and assessed by the CPI about child functioning, for each child in the household, will automatically populate the FFA-Ongoing and be editable. The case manager should update this section with analysis of any new information



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- learned from all sources about child strengths and needs. This section should support the scaling of child strengths and needs that the case manager will later complete in the FFA-Ongoing.
- d. Information gathered and assessed by the CPI about adult functioning for each parent and caregiver will automatically populate the FFA-Ongoing and be editable. The case manager should update this section with analysis of any new information learned from all sources about adult functioning. This section should support the scaling of caregiver protective capacities that the case manager will later complete in the FFA-Ongoing.
  - e. Information gathered and assessed by the CPI about parenting practices, discipline and child behavior management for each parent and caregiver will automatically populate the FFA-Ongoing and be editable. The case manager should update this section with analysis of any new information learned from all sources.
6. The case manager completes scaling of Caregiver Protective Capacities and Child Strengths and Needs using the 4 point scaling criteria provided in the Safety Methodology Reference Guide. The case manager makes sure that there is information in the family assessment areas to support the capacity ratings.
  7. The case manager documents the “Family Change Strategy” developed with the family:
    - a. Family Goal
    - b. Ideas for change
    - c. Potential barriers.
  8. The case manager will update the safety analysis criteria to ensure that reasonable efforts are adequately reflected and:
    - a. Update the safety plan as necessary
    - b. Modify Conditions for Return if needed

### **Supervisor:**

1. A supervisory consultation **is required in all cases prior to approval of the FFA-Ongoing or Progress Update.**
2. Throughout the assessment process, the supervisor will consult with the case manager to support and encourage their efforts to consult with the case manager as to:
  - a. Information sufficiency, validation and reconciliation, and
  - b. Case manager’s critical thinking and analysis,
  - c. Case manager’s concerns and areas of help needed.
  - d. Use of other team members for the case to increase understanding and/or actions needed.
3. Approach the process of the protective capacity assessment as one that requires parents’ involvement, partnership, and mutual agreement.



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4. Acknowledge and build on parents strengths (enhanced protective capacities) as case managers attempt to facilitate the process of change.
5. Focus on the identified danger threats.
6. Articulate, with parents, observable, measurable changes that will lead to sustained child safety.
7. Confirm with case managers that the outcomes, when achieved, will likely result in an increase of parents' protective capacity and/or reduce or eliminate or manage danger threats such that agency intervention will no longer be necessary to manage child safety.
8. Identify staff needing additional support and/or complex cases that will require intensive supervisory support. Establish clear direction as to when case consultations should occur.
9. Assist the case manager when the case manager experiences challenges in reaching a mutually agreed upon decision with the parent about outcomes or interventions.

### **FSFN/Documentation:**

1. Supervisory case consultations will be recorded by the supervisor or case manager using supervisory case consultation functionality in FSFN.
2. The case manager will use the functionality in FSFN to document the FFA-Ongoing.

### Family Engagement Standards for Building a Case Plan for Change with Families

**Purpose:** Families are more likely to succeed with making the changes that are vital to their child's safety and well-being when they are well-engaged in the case planning process. It is the case manager's responsibility to practice in a way that fosters family engagement. Family dynamics and history may make this a difficult task, but the ongoing efforts are still required. Closely linked to effective family engagement is the use of the family's resource network and the creation of a family team. All of the persons involved with the family, the resource network and professionals, need to function as a unified team to engage the family and to collaborate in assessment, planning and on-going monitoring activities. Indicators of effective family engagement are the following:

- The family believes that their feelings and concerns have been heard, respected, and considered.
- The family is invested in and committed to achieving a family goal and outcomes in a case plan.
- The family follows through and takes the actions expected.
- The family has trust in the case manager and is open to hear feedback from the case manager as to concerns and non-negotiable expectations.
- The family and the case manager have a shared understanding of the danger threats in the family that must be addressed are working toward the same goals and outcomes.

#### Guidelines:

1. The case manager should explain to the parent(s) what the purpose of a case plan is, including that:
  - a. The case plan is the roadmap for how the family will reach the family goal
    - The agency and the parent(s) need to work together to build the plan
    - The plan will describe what the parent will do and other team members to help the parent
    - The agency and the parent will monitor how the plan is working and determine when it needs to be modified
2. Explain the expectation that the most common goals of the case plan for their children is to make every reasonable effort to help the child achieve permanency with their family:
  - a. "Maintain (the child at home) and Strengthen" (develop caregiver protective capacity to keep child safe), or
  - b. "Reunification" which will occur when caregiver protective capacities are sufficiently improved to have child at home with an in-home safety plan.
3. There are time limits set by the Florida legislature that require us to make substantial

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progress to achieve permanency for your child in one year

4. The case manager should explore with the parent(s) whether extended family members or others might be resources to participate in a family team meeting to develop a case plan. Based on the family team meeting model that the case manager's agency uses, the case manager should:
  - a. Explain the agency's use of family team meetings
  - b. Explain how team meetings work
  - c. Determine who the family would like to invite to their team meeting
  
5. The case manager should co-construct the case plan with parent(s).
  - a. The best practice with families is achieved when a family team meeting, using a family team meeting model with a trained facilitator, is used to develop the case plan. The following are the recommended steps to achieve consensus with the family and their team:
    - b. Case planning meetings should always begin with a discussion focused on the family's strengths:
      - Review the protective capacities that are working well, that are a family strength
      - Review the strengths of each child in the family
      - Review what progress the parent has already made
    - c. The family goal and the department goal for the child should be presented to the team and discussed. For the cases involving a child in out of home care, the concurrent goal should also be discussed.
    - d. The case manager is responsible for re-stating the identified diminished protective capacities as an outcome, an observable, sustained change in behavior, condition, or circumstance. Examples of outcome statements may be the following but are not limited to:
      - The child's basic needs are met at all times, including the child's special care related to diabetes.
      - The child has developmentally appropriate care and supervision at all times.
      - A responsible adult will ensure the proper care/treatment of the child's diabetes, is managed by an adult and not the responsibility of the child.
    - e. The team should review, discuss and agree on the case plan outcomes. The outcomes must reflect the:
      - The changed behavior, condition or circumstance of the parent
      - The child need that the change will address
      - Any additional child needs that require special attention in the case plan
    - f. The team should explore with the parents what they are willing to do, what is the best set of first steps they are ready to tackle.
      - Team should brainstorm possible actions, services and activities for each outcome
      - Team should work with parent(s) to identify the initial actions, services and

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- activities which the parents believe are the best match for them
- g. The team should discuss any barriers to the chosen actions, services and activities.
    - Identify special considerations that need to be addressed (e.g. parent work schedule)
    - Identify language or cultural considerations
  - h. The team should identify what needs to be in place for the parents to achieve change
    - Identify transportation, child care, housing, funding or other external factors that might prevent access.
    - Discuss possible solutions to each identified barrier including what the agency can and cannot provide.
    - Discuss any possible alternatives.
    - Agree which barriers can be overcome and which may prevent particular actions, services, activities.
  - i. The team should determine appropriate case plan actions, tasks and services and completion dates to achieve outcomes. The case manager will explore with the parents the choices, if any, of interventions (supports, treatment providers, other services) that are available and that may be helpful to achieving the outcomes established.
  - j. The team should determine if an expert evaluation for either a parent or the child is appropriate when there is a specific condition or behavior that requires additional professional assessment, including situations such as:
    - The parent or child is displaying unusual or bizarre behaviors that are indicative of emotional or behavioral problems, physical illness or disability, mental illness, trauma assessment, suicidal or homicidal ideation.
    - Other conditions where there is a need for additional information regarding an individual's functioning in the area of the professional's specialized knowledge; or to develop a better understanding of whether the individual's functioning impacts his or her protective capacity or child functioning.
  - k. The team will determine service or treatment needs of the parent(s) and child based on information that has been gathered up to this point. Services that are necessary for case plan tasks need to have descriptions as follows:
    - The type of services or treatment.
    - The date the service or referral for the service will be provided.
    - The date by which the parent must complete each task.
    - The frequency of services or treatment provided.
    - The location of the delivery of the services.
    - The provider responsible for the services or treatment.

6. In all cases the case plan must include:

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- a. The minimum number of face-to-face meetings to be held each month between the parents and the case manager to review the progress of the plan, to eliminate barriers to progress, and to resolve conflicts or disagreements; and
  - b. For judicial cases, the date that the case plan expires. The case plan must be limited to as short a period as possible for accomplishing its provisions. The plan's compliance period expires no later than 12 months after the date the child was initially removed from the home, the child was adjudicated dependent, or the date the case plan was accepted by the court, whichever occurs first.
7. Judicial case plans must be approved by the court. Any court-ordered changes to the case plan must be updated in FSFN.
  8. The case plan must be signed by all parties, except that the signature of a child may be waived if the child is not of an age or capacity to participate in the case-planning process.

### **Supervisors:**

1. **Supervisors will provide a case consultation prior to approving a case plan.**
2. Case consultation should be provided on an ongoing basis to the case manager as needed to explore issues and provide feedback regarding progress and/or challenges in achieving:
  - a. Family partnership, collaboration, and self-determination
  - b. Use of least intrusive approaches and services that encourage a progressive move toward restoring parents' responsibility for child safety whenever it is safe and appropriate to do so.
  - c. Obtaining culturally relevant and individualized services and interventions.
  - d. Assisting parents with the process of change (including normalizing 'resistance'), seeing change as a process, timing and sequencing of steps being guided by readiness for change at that moment, techniques being utilized to hear and be nonjudgmental about the parents' hesitancy to make change and effective ways to assist the parents to continue to make positive steps toward change.
  - e. Achieving appropriateness of selected services in light of the particular diminished protective capacity and safety threat that exists.
  - f. Providing direction about whether an immediate protective action should be taken to manage a child's safety if the case manager or supervisor becomes aware of a circumstance when a child is unsafe.

### **FSFN/Documentation:**

1. Supervisory case consultations will be recorded by the supervisor or case manager using supervisory case consultation functionality in FSFN.
2. The case plan will be documented using functionality provided in FSFN.

## Evaluating Family Progress

**Purpose:** The case manager is responsible for case leadership, including ongoing communication and collaboration with the family, team members involved, and the court to achieve effective evaluation of family progress. If the case plan is targeting the correct issues and casework practice reflects consistent efforts to engage the family and the family's team there should be abundant information supporting the evaluation of family progress and conclusions reached. The evaluation should be sufficient to determine whether the outcomes of the case plan remain appropriate or have been met and whether the strategies, services and interventions are working effectively or not to achieve lasting child safety or permanency.

**Definitions:** See Safety Methodology Desk Reference Guide for:

- Caregiver Protective Capacities and scaling criteria
- Child Strengths and Needs and scaling criteria
- Quality of Family Visitation Ratings
- Frequency of Family Visitation Ratings
- Outcome Ratings
- Overall Case Plan Compliance Ratings

**Guidelines:**

1. A Progress Update will be completed at a minimum every three months or at critical junctures. Critical Junctures, refer to those times when fundamental decisions are being made for the child or children, or when critical events are occurring in the investigation or services case. Critical junctures include but are not limited to the following:
  - a. At the birth or death of a sibling
  - b. Upon the addition of a new family member, including intimate partners
  - c. Before changing the case plan to include unsupervised visits
  - d. Before a child is reunified with an in-home safety plan
  - e. Before a recommendation for case closure
  - f. When case has been dismissed by court
  - g. As needed based on professional judgment.
2. The case manager is responsible for evaluating progress by also completing a Judicial Review when a case is court supervised.
3. Updated assessments completed by the case manager will include the current status of children involved in the case as well as any changes in household composition.
4. Based on the updated assessment information as to the progress that parents are making as well as any changes in the status of children, the case manager will determine whether any changes are needed to
  - a. case plan goal
  - b. outcomes

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- c. activities and tasks
  - d. services provided and/or service providers.
5. The case manager is responsible for helping the parent and the family team understand what the case manager expects to see and learn with regard to observable, measurable progress in terms of change in behavior, family conditions or dynamics. This includes:
- a. Identify how the other persons involved in the case plan will determine if adequate progress is being made.
  - b. Explaining to the parents that every service provider, for the parents or the child, will be asked to provide certain information including:
    - Notifying the agency immediately when a child is believed to be unsafe;
    - Providing supportive documentation regarding the continued safety of the child in the home when working with parents whose child remains or has returned to the parents' home;
    - Providing updates about progress or lack thereof, in meeting outcomes or in meeting the child or family's needs, a minimum of once every 30 days;
    - Explain to the parents the date(s) and local process for reviewing case plan progress.
6. The case manager will ensure that any Progress Update and/or Judicial Review includes any update of household composition to identify any new persons in the household, a new paramour as well as any new persons involved with the care of the child.
7. The Progress Update prepared by the case manager will provide a current status description for child functioning, adult functioning, parenting approach and discipline: based upon case manager observations, conversations, and information gathered from other team members involved including all service providers. The current status description should provide:
- a. A synthesis and critical analysis of what that family assessment area looks like currently
  - b. A description of what information has been gathered by the case manager to inform the current family assessment area
  - c. An analysis of any changes from the baseline and the prior update that have occurred, either positive or negative, that will inform and justify the case manager's scaling of Caregiver Protective Capacities and Child Strengths and Needs.
  - d. For any new household members who are in a significant caregiver role, the case manager will provide assessment information specific to that person and rate their caregiver protective capacities.
8. The case manager should update the scaling of Caregiver Protective Capacities using the ratings in the Desk Reference Guide or establish the baseline ratings for any new parent/legal guardian.



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- a. If there have been improvements or a decline in any of the protective capacity ratings, the basis for that must be described in the information domains, current status descriptions.
  - b. If there is a diminished capacity rating of “C” or “D” that will not be addressed in the case plan, the reasons need to be provided.
  - c. Any protective capacity that achieves a rating of “B” or “A” is above the threshold for child protection interventions.
  - d. If all capacity ratings are “B” or “A” with sufficient information to support the ratings, there should not be a need for any current safety plan or case plan.
9. The case manager should update the scaling of “Child Strengths and Needs” indicators using the ratings in the Desk Reference Guide.
- a. Any change in evaluation ratings, positive or negative, would be described in the current family assessment area for child functioning.
  - b. If a child has a need that is scaled at a “C” or “D” there should be a narrative description as to whether or not the parent is adequately meeting the need.
  - c. When parents are adequately meeting child needs, they are not addressed in the case plan.
10. When children are receiving in home services and a safety plan, including family made-arrangements, each progress evaluation should consider if safety services should continue or other actions to achieve a lasting safety resolution are needed.
11. When children are in out of home care, visitation and family time opportunities are evaluated for quality and frequency using the ratings in the Desk Reference Guide.
12. Each time a Progress Update is completed, the outcomes will be evaluated to determine the extent to which the parent is making progress.
- a. Progress ratings are provided in the Desk Reference Guide.
  - b. Given progress, or lack thereof, in parent’s stage of change, case plan outcomes might need to be adjusted.
13. In dependency cases, the case manager is required to provide the court with an overall evaluation of case plan compliance at each judicial review. The overall case plan compliance evaluation will be based on the case manager’s assessment of progress on all of the outcomes, and when a child is in out of home care, the quality and frequency of family time. The case manager will use the overall case plan compliance ratings in the Desk Reference Guide.

### **Supervisor:**

1. The supervisor is responsible for the approval of any completed Progress Update.
2. Adequate evaluation of family progress is of the utmost importance in determining the direction of ongoing intervention. Case consultation should be provided on an ongoing



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basis to the case manager as needed to explore issues, promote the case manager's critical thinking, and provide feedback. The supervisor should consider the case manager's need for consultation in the following areas:

- a. The case manager's consistent monitoring and assessment of family progress:
  - Is the worker focusing on behavioral change by caregivers or compliance?
  - Do the worker's methods for gathering information and measuring progress include the appropriate parties (e.g., parents, substitute caregivers, children, service providers, etc.)?
  - If there are differences of opinion regarding the level of progress, does the worker attempt to reconcile those differences?
  - Is the worker open to considering a lack of progress as connected to:
    - A lack of parental involvement in the plan's creation?
    - A poorly conceived intervention strategy?
    - Service providers whose services are not adequate for the interventions needed?
- b. Are the behaviors and conditions that are measured related to the central issues: the danger threats and gaps in protective capacities?
- c. Is there a thoughtful distinction made between all the central problems being resolved and enough of a change that an in-home safety plan can be implemented (and sustained while further change occurs)?
- d. Is this step of evaluating and considering effectiveness of strategy carried out by the worker as a deliberate *process*, or does it have characteristics of collecting reports and filling out required forms?

### **FSFN/Documentation:**

1. Supervisory case consultations will be recorded by the supervisor or case manager using supervisory case consultation functionality in FSFN.
2. The case manager will use the following tools in FSFN to complete an evaluation of family progress:
  - a. Progress Update
  - b. Judicial Review

## New Children in an Open Case

**Purpose:** This practice guideline establishes the measures which will be taken to assess the safety of a child born into a family, a new child moving into the household that involves an open investigation or ongoing services case. This includes new children in a family-made arrangement or a child released to other parent when the child is the focus of a safety plan.

**Note:** This practice guideline builds upon basic requirements for all staff provided in “New Infants/Children in Families with Active Investigation or On-going Services Case.”

### Guidelines:

1. The case manager will notify the supervisor as soon as information about a pending birth and/or new child in the home are known and will gather, assess and analyze the information domains to determine:
  - a. How the family dynamics and conditions change as a result of the new infant or child
  - b. Whether the new infant or new child in household contributes to new danger threats
  - c. Whether the new child is vulnerable to new or existing danger threats
  - d. Whether the current caregiver protective capacities are sufficient to manage the physical and emotional demands associated with the care and protection of a newborn infant or child.
2. The case manager will modify any existing safety plan and case plan as needed.
3. If a child is born into a family where a petition of dependency is pending or active, the CLS attorney shall immediately be given written notice of the birth by the investigator or case manager, including the child’s full name, date of birth and father’s name if different from the father(s) already named.
  - a. A staffing with CLS will be held to discuss the updated assessment of family conditions and dynamics, whether the new child needs to be sheltered, any needed changes to the current case plan, and whether any other legal actions should be taken.
  - b. The CLS will amend any pending petition or file another petition when needed to bring the new child to the court’s attention.
4. When a dependent child in foster care becomes pregnant, the case manager will assure that such minor child receives counseling during her pregnancy from appropriate professionals based on the options that the minor child wishes to explore to assist her in arriving at a suitable and realistic plan for the future. The case manager will work with dependent child to:
  - a. Determine what supports and services are available to help the dependent child with pre-natal care and planning
  - b. Identify the father of the child and any necessary actions
  - c. Identify and inform other family members as appropriate
  - d. Access the supports and services the dependent child has chosen

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- e. Modify the case plan as needed
5. When a dependent child in foster care fathers a child, the case manager will assure that such minor child receives counseling from appropriate professionals to explore to assist him in arriving at a suitable and realistic plan for the future.
6. Based on the choices of a dependent child who becomes pregnant, the case manager will take the following actions:
  - a. If the mother decides to place the child for adoption, she will be referred to a licensed child-placing agency for adoption planning with agency staff.
  - b. If the mother chooses to keep her child or is uncertain, placement of the mother and child shall be, unless contrary to the best interest of the infant, in the same foster home or residential program in order to strengthen attachment.
  - c. In cases where the mother's emotional or mental capacity to parent are in question, or the mother has a juvenile delinquency history involving acts of violence, the case manager will obtain an updated professional evaluation of the mother to support an assessment of anticipated caregiver protective capacities.
  - d. In all cases, diligent efforts must be made to establish the child's paternity and to locate and involve the father in developing a permanency plan.
  - e. If the minor child is assessed as not having sufficient maturity and stability to provide for the child, the case manager will request that the CLS attorney file a dependency petition in regard to the baby.
    - Any dependency petition filed will include a request for appointment of counsel for mother and appointment of a guardian ad litem for the infant.
    - The department will request that the infant be placed with the mother unless such placement is determined not to be in the best interest of the infant.
  - f. Modifications to the case plan of the minor child becoming a parent should be considered and based on the skills that she will need to care for and protect her infant.
  - g. The case shall be reported to law enforcement if there is reason to suspect that a 16 or 17 year old engaged in sexual activity with a person 24 years of age or older or that the child was impregnated as a result of a forceful act or by someone over the age of 18 years.

### **Supervisors:**

1. Provide supervisor consultation as necessary to ensure the child welfare professional's due diligence in:
  - a. Gathering sufficient additional information to fully assess the impact of the new child on family conditions and dynamics.
  - b. Seeking the expertise and/or input from other professionals, family members and the family team as to the assessment, safety plan and/or case plan.

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2. Participate in family team meetings or staffing to the extent possible to support decision making as to modifications to current safety plan or case plan.
3. Review documentation of FFA-Investigation, FFA-Ongoing or Progress Evaluation for information sufficiency and analysis to justify case plan changes.

## Modifying a Case Plan

**Purpose:** Progress Updates should provide a concise, current understanding of the child and family's status and progress so that the current case plan outcomes, interventions and services can be evaluated for their continued appropriateness. The knowledge gained from ongoing assessments should be used to update the case plan to create a self-correcting process that leads to finding what works for the child and family. The case plan should be modified when outcomes are met, strategies are determined to be ineffective, dissatisfactions with existing strategies or services are expressed, and/or new needs or circumstances arise.

### Guidelines:

1. The family team should play a central role in conducting a review of the current case plan's effectiveness. Reviews might also be conducted through an internal staffing or a judicial hearing.
2. Reviews should result in agreement as to:
  - a. How are the child and family doing? Has their situation changed? What is the progress that has been achieved in enhancing caregiver protective capacities?
  - b. What is the status of impending danger safety influences?
  - c. Has there been progress in achieving conditions for return?
  - d. Has there been a change in parent motivational readiness?
  - e. Have new child or parent needs emerged?
  - f. For the child in out of home care, are there emerging needs of the caregiver in order to ensure child stability?
  - g. Are supports and services being delivered as planned? Are providers dependable?
  - h. How well are the mix, match, and sequence of supports and services working?
  - i. How well do these arrangements actually fit the child and family?
  - j. Are advance arrangements for any child transitions being identified and accomplished?
  - k. Are desired results for child and parent being produced?
  - l. What things in case plan need to be changed in order to improve results desires?
3. When children are in out of home care, reviews should consider whether visits and appropriate interactions are occurring now? If so, are visits:
  - a. Frequently occurring?
  - b. Therapeutically appropriate?
  - c. Conducive to relationship building?
  - d. Located in a convenient and least restrictive setting?
  - e. Rescheduled in a timely manner?
  - f. Increasing in frequency and duration and decreasing in supervision, if appropriate?
  - g. Being used to assess reunification appropriateness?
  - h. Providing mentoring opportunities for parents?

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- i. Are other forms of family contact, interactions, or connecting strategies being used (e.g., phone calls, letters, family photos), tapes, Skype, recordable book, life books) when appropriate?
  - j. Is there an effort to integrate the parents or beneficial connections into the child's life (e.g., participation in doctor's appointments, teacher conferences at school, sporting events, etc.)?
  - k. What steps are being provided to encourage contact between children and incarcerated parents when appropriate?
4. The key decisions and range of options that should be considered and identified at a review meeting include:
    - a. Modifying the case plan outcomes, actions, tasks and/or services to ensure time and resources are not wasted on a flawed strategy
    - b. Reunification of the children and family with an in-home safety plan
    - c. Changes to the visitation plan to improve the quality and/or frequency of visits
    - d. Changing the permanency goal if adequate progress is not made
    - e. Increasing court and casework activity to ensure an alternate plan for permanence (e.g., adoption, transfer of guardianship) is secured
    - f. Seek and/or renew a commitment from parents to actively participate in change-oriented services.
    - g. Closing the case when a safety plan is no longer required.
  5. A court-supervised case plan may be amended upon approval of the court.
  6. Case plan amendments must include service interventions that are the least intrusive into the life of the parent and child, must focus on clearly defined objectives, and must provide the most efficient path to quick reunification or permanent placement given the circumstances of the case and the child's safety and well-being needs.

### **Supervisor:**

1. Approve any modifications to the case plan.
2. Case consultation should be provided on an ongoing basis to the case manager as needed to explore issues and provide feedback regarding progress and/or on-going challenges in achieving:
  - a. Family partnership, collaboration, and self-determination
  - b. Use of least intrusive approaches and services
  - c. Culturally relevant and individualized services and interventions.
  - d. Assisting parents with the process of change
  - e. Provide direction about whether an immediate protective action should be taken to manage a child's safety if the case manager or supervisor becomes aware of a circumstance when a child is unsafe.

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3. The Supervisor should develop an understanding of the following questions with regard to the quality of the case plans under their purview:
  - a. How frequently is the plan's effectiveness evaluated by the case manager?
  - b. Is there a genuine concurrent plan that is being actively pursued and sustained in the event that change is not likely in a timely way?
  - c. If reunification (with an in-home safety plan) is considered feasible, is there a corresponding increase of casework activity to thoroughly plan for this?
  - d. Is the level of visit frequency and other monitoring that the case manager (and others) has with the family post-reunification sufficient to assure that the safety plan is working dependably?
  - e. What specific strategies are being used in the change process for this child and family?
  - f. How well are resources matched to the strategies that are to meet needs and achieve planned outcomes?
  - g. Are services that are being provided to child and family working well? If not, why not?
  - h. Are any and all urgent needs met in ways that protect the health and safety of the child or, where necessary, protect others from the child?
  - i. Are there any identified needs for changing service providers to better meet a need? If so, can the change be made timely so there's continuity of service? If change was needed, why, and can new service engaged timely?

### **FSFN/Documentation:**

1. Supervisory case consultations will be recorded by the supervisor or case manager using supervisory case consultation functionality in FSFN.
2. The case manager will use Case Plan Worksheet and Case Plan Template to document any modifications to the case plan.

## Safe Case Closure

**Purpose:** To ensure that families in any jurisdiction in Florida are afforded common, standardized criteria for the closure of their child welfare case when they are receiving case management as the result of an unsafe child determination.

**Guidelines:**

1. A case should be closed when a determination has been made that the child is now safe.
  - a. The child's parent/legal guardian has substantially achieved all of the outcomes in the case plan pertaining to improved caregiver protective capacities and a safety plan is no longer necessary. A Progress Update has been completed that provides sufficient information and analysis that caregiver protective capacities are adequate to manage any danger threats or danger threats have been eliminated.
  - b. The child's parent/legal guardian has not achieved outcomes in a case plan and
    - A relative or non-relative has obtained legal custody of the child and has a demonstrated history of protecting the child from the danger threats associated with the parent(s).
    - Parental rights have been terminated and the child has achieved a permanency goal.
  
2. In cases involving court supervision, there must be a termination summary or court report that provides the following:
  - a. Include the basis for requesting termination
  - b. The reason agency involvement was required
  - c. Indicate the involvement of the parent, legal custodian, or legal guardian and the child, if appropriate, in making the decision about termination
  - d. Verification of successful, change in behaviors identified and enhanced protective capacities, including written input and comments from service providers about the proposed termination of services/supervision.
  - e. In cases where other agencies or persons, such as the guardian ad litem or citizen review panels, are involved with the family, these agencies or individuals must be provided with written notification when supervision is to be terminated or such recommendation is to be made to the court. This written notification must be documented in the case record
  - f. Termination of services in those cases where a Florida child has been legally placed into another state (the receiving state) pursuant to the Interstate Compact on the Placement of Children requires the prior written concurrence of the receiving state Compact office before any action to terminate can be accomplished. Such other state's written concurrence must, when received, be placed in the case record and a copy attached to the appropriate report to the court.
  - g. The termination summary or court report must include the dated signature of the case manager and the supervisor.



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- h. The unit supervisor must ensure that cases in which the court has ordered supervision are not closed until an order has been entered by the court terminating supervision and a copy has been placed in the case record.
3. When the case manager has been unable to locate the family using all available sources of information, a termination summary or court report is prepared which documents all efforts made to locate the family.
  - a. Dated signatures of the counselor and supervisor are required.
  - b. In court ordered cases, the child welfare attorney must also review, sign and date the report and submit it to the court.
  - c. A written order from the court releasing the Department from further supervision must be received prior to terminating court-ordered supervision/services.

### **Supervisor:**

1. Approve case closure.
2. Case consultation should be provided to the case manager as needed to explore issues and provide feedback regarding progress and/or challenges in achieving case plan outcomes or permanency goals.

### **FSFN/Documentation:**

Document the progress made toward resolving the problems which resulted in Department intervention in an updated Progress Evaluation.

## Summary of Supervisory Case Consultation and Review Requirements

**Purpose:** The following summarizes the required supervisor approvals and case consultations, as well as case consultation that should be offered and available for case managers experiencing family or case dynamics that they need assistance with. The detailed expectations for case management responsibility related to each topic are covered in the respective practice guideline topic.

### **Supervisory Case Consultations Defined:**

Supervisor case consultations are guided discussions at specific points in the case management process that apply safety methodology criteria focused on promoting effective practice and decision making. Effective supervisory case consultations provide modeling of strength-based interviewing, encouraging case manager input and ideas; and offering feedback. Case consultations provide the supervisor with venues to learn about the quality of practice of the case managers assigned to them. This includes understanding the interpersonal skills that their case managers use to engage families, knowing how to build effective family teams, critically thinking and assessing family dynamics throughout the life of a case, and ultimately which case managers need additional support and professional development.

### **Case Consultation General Requirements:**

Supervisors are expected to have significant expertise to provide consultation around the new concepts in the Safety Methodology including the foundational skills that case managers must have. Supervisory Case Consultation includes:

1. Supervisory activities to provide case consultation include field support (by phone or in person), direct observations of case management interviews, consultations in the office, active modeling and coaching.
2. Supervisory consultations promote and develop the case manager's understanding of their responsibilities, skills, knowledge, attitudes, and adherence to ethical, legal, and regulatory standards in the practice of child welfare services.
3. Supervisor consultation must occur in such a way that there is a balance between assuring that expectations for caseworker accountability are met while at the same time respecting and supporting the learning and growth case managers.
4. Supervisory Case Consultation will be required at critical junctures in the development and updating of family functioning assessments; safety planning and safety monitoring; and case planning and progress assessment.
5. Supervisors will recognize that they are most effective at improving case worker and family outcomes when:
  - a. he/she brings a "big picture" meaning to the job for casework staff;
  - b. he/she is able to instill a sense of ownership and commitment among casework staff for achieving standards for intervention;
  - c. he/she communicates clear expectations for casework practice and provides guidance to staff in a collegial way;

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- d. he/she is able to build competency, support independence and promote critical thinking among casework staff.

## **Case Consultation and Approval of Safety Plans**

1. **Within five business days of case transfer, the supervisor will conduct a case consultation with the case manager to affirm that the safety plan is reasonable and adequate.** The supervisor will determine that:
  - a. The case manager is clearly able to describe and document how Impending Danger is manifested in the home
  - b. The plan is the least intrusive and most appropriate
  - c. The parents were involved in the assessment
  - d. It is clear how the Safety Plan is controlling and managing Impending Danger
  - e. The Safety Plan is clear and sufficient to manage the identified danger threats while case management and services are implemented.
  
2. **Within 5 days of any safety plan modification, the supervisor will conduct a case consultation with the case manager for purposes of affirming the safety plan.** The supervisor will determine that:
  - a. The case manager is clearly able to justify the need for the level of intrusiveness by Safety Analysis criteria.
  - b. The parents were involved in the assessment.
  - c. It is clear how the plan will control and manage impending danger.
  - d. The case manager is clearly able to describe in documentation how Impending Danger is manifested in the home
  - e. The plan is the least intrusive and most appropriate.
  
3. **At critical junctures, the supervisor will conduct a case consultation** with the case to review safety plans, including but not limited to the following situations:
  - a. a new child is born or comes into the home
  - b. a parent/legal guardian returns to the home
  - c. parent/legal guardian becomes involved in new intimate partner relationship
  - d. significant changes to household composition

## **Case Consultation and Family Engagement Standards for Preparation Activities**

1. The supervisor provides consultation and coaching to those case managers who need additional support and coaching with preparation activities. A case consultation for preparation might accomplish any of the following:
  - a. Determines the need for case manager's safety
  - b. Allows case manager the opportunity to ask questions
  - c. Facilitates discussion as to what is already known and what additional information gathering is necessary to reconcile or fill gaps
  - d. Affirms the case manager's approach to engaging the family
  - e. Affirm that the case manager has the skills necessary or determines what supports are needed.

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2. To the extent practical, case consultation related to preparation activities should be considered with a face-to-face or telephonic consultation between the supervisor or designee and the case manager when a case involves:
  - a. Life threatening injuries or a child fatality
  - b. Severe domestic violence perpetrated against a parent (bite marks, attempted strangulation, assault of pregnant mother, injuries requiring medical treatment, threats of homicide or suicide)
  - c. Potential danger to the case manager
  - d. "High profile" participants (department/CBC/sheriff staff/public officials or celebrities, etc.)
  - e. All cases assigned to provisionally certified case manager
  
3. Case consultations focused on case management preparation should involve a wide array of considerations, including but not limited to the following examples:
  - a. *What additional information might be obtained from any prior case workers or service providers? If prior involvement of the family was recent or extensive, should there be a staffing with past professionals involved?*
  - b. *Which individuals are likely to know the family well enough to provide information on an on-going basis during case management about child and adult functioning, general parenting and disciplinary and behavior management practices?*
  - c. *Is there a sequencing of the interviews that will likely influence subsequent interviews (i.e., information gained informs next interviews line of questioning, etc.)?*
  - d. *Are there any discernible patterns of 'out-of-control' behaviors (i.e., domestic violence, substance abuse, unmanaged mental health condition, etc.) that the case manager should have a heightened awareness of and knowledge as to how to approach intervention?*
  - e. *Is there a need for immediate consultation/teaming with external partners (law enforcement, domestic violence advocate, substance abuse or mental health professional, etc.) prior to meeting the family?*

### **Case Consultation Regarding Family Engagement Standards for Introduction Activities**

1. The supervisor provides consultation and coaching to those case managers who need additional support and coaching with preparation activities. A case consultation for preparation might accomplish any of the following:
  - a. Provides the case manager an opportunity to consult with the supervisor as to their approach to engaging the family.
    - What did the case manager do that they feel worked well and why
    - What does the case manager wish they had done differently and why
    - What does the case manager plan to do next to continue building family engagement and trust
  - b. Review the benefits of preparation activities, including any preparation opportunity that might have been missed.
  - c. Case manager's critical thinking and analysis.

- d. Case manager's concerns and areas of help needed.

### **Case Consultation Regarding Family Engagement Standards for Exploration of Child Strengths and Needs**

1. A supervisory consultation may be provided as needed to support the case manager in identifying any experts and/or resources that might be beneficial in evaluating or addressing child needs.
2. A case consultation for exploration of child strengths and needs might provide the case manager an opportunity to consult with the supervisor as to their understanding of:
  - a. Child strengths and needs
  - b. How such needs impact child's daily functioning
  - c. Impact on care and supervision of child
  - d. Whether parent and other involved caregiver(s) understand are attending to any child needs
  - e. Any supportive services that parent or caregiver needs
  - f. Case managers concerns and areas of help needed

### **Case Consultation Regarding Family Engagement Standards for Exploration of Parent/Legal Guardian Protective Capacities**

1. A supervisory consultation will provide the supervisor with an understanding of the interpersonal skills that their case managers use to engage families, and which case managers may need additional support with implementation of the standards for family engagement.
2. A supervisory consultation may be provided as needed to support the case manager in identifying any experts and/or resources that might be beneficial in evaluating or addressing child needs.
3. If parents are still highly resistant and/or are unwilling to engage with the case manager during or at the conclusion of the exploration stage, a supervisor case consultation **is required** to:
  - a. Provide case manager an opportunity to assess family dynamics and sources of resistance
  - b. Support case manager in considering other efforts to engage and in determining next steps
4. The supervisor provides consultation and coaching to those case managers who need additional support and coaching with exploration activities. A case consultation for exploration should accomplish the following:
  - a. Provide the case manager an opportunity to consult with the supervisor as to their approach to engaging the family through exploration activities
    - What does the case manager feel worked well and why
    - What does the case manager wish had been done differently and why

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- What does the case manager plan to do next to continue building family engagement and trust
- b. Provide the case manager and opportunity to present and discuss any of the following:
  - Danger Statement
  - Conditions for Return
  - Safety Plan
  - Caregiver protective capacities that are a strength or are diminished
  - Assessment of family goal, input for case plan, perceived barriers
  - Resources or support needed from supervisor
  - Next steps
- 5. The supervisor is able to assess case manager skills and determine what supports are needed.

### **Case Consultation Regarding Documentation of the Family Functioning Assessment (FFA)-Ongoing or Progress Update**

1. A supervisory consultation **is required in all cases prior to approval of the FFA-Ongoing or Progress Update.**
2. Throughout the assessment process, the supervisor will consult with the case manager to support and encourage their efforts to consult with the case manager as to:
  - e. Information sufficiency, validation and reconciliation, and
  - f. Case manager's critical thinking and analysis,
  - g. Case manager's concerns and areas of help needed.
  - h. Use of other team members for the case to increase understanding and/or actions needed.
3. Approach the process of the protective capacity assessment as one that requires parents' involvement, partnership, and mutual agreement.
4. Acknowledge and build on parents strengths (enhanced protective capacities) as case managers attempt to facilitate the process of change.
5. Focus on the identified danger threats.
6. Articulate, with parents, observable, measurable changes that will lead to sustained child safety.
7. Confirm with case managers that the outcomes, when achieved, will likely result in an increase of parents' protective capacity and/or reduce or eliminate or manage danger threats such that agency intervention will no longer be necessary to manage child safety.
8. Identify staff needing additional support and/or complex cases that will require intensive supervisory support. Establish clear direction as to when case consultations should occur.

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9. Assist the case manager when the case manager experiences challenges in reaching a mutually agreed upon decision with the parent about outcomes or interventions.

### **Case Consultation Regarding Family Engagement Standards for Building a Case Plan for Change with Families**

1. **Supervisors will provide a case consultation prior to approving a case plan.**
2. Case consultation should be provided on an ongoing basis to the case manager as needed to explore issues and provide feedback regarding progress and/or challenges in achieving:
  - a. Family partnership, collaboration, and self-determination
  - b. Use of least intrusive approaches and services that encourage a progressive move toward restoring parents' responsibility for child safety whenever it is safe and appropriate to do so.
  - c. Obtaining culturally relevant and individualized services and interventions.
  - d. Assisting parents with the process of change (including normalizing 'resistance'), seeing change as a process, timing and sequencing of steps being guided by readiness for change at that moment, techniques being utilized to hear and be nonjudgmental about the parents' hesitancy to make change and effective ways to assist the parents to continue to make positive steps toward change.
  - e. Achieving appropriateness of selected services in light of the particular diminished protective capacity and safety threat that exists.
  - f. Providing direction about whether an immediate protective action should be taken to manage a child's safety if the case manager or supervisor becomes aware of a circumstance when a child is unsafe.

### **Case Consultation Regarding Evaluation of Family Progress**

1. **The supervisor is responsible for the approval of any completed Progress Update.**
2. Adequate evaluation of family progress is of the utmost importance in determining the direction of ongoing intervention. Case consultation should be provided on an ongoing basis to the case manager as needed to explore issues, promote the case manager's critical thinking, and provide feedback. The supervisor should consider the case manager's need for consultation in the following areas:
  - a. The case manager's consistent monitoring and assessment of family progress:
    - Is the worker focusing on behavioral change by caregivers or compliance?
    - Do the worker's methods for gathering information and measuring progress include the appropriate parties (e.g., parents, substitute caregivers, children, service providers, etc.)?
    - If there are differences of opinion regarding the level of progress, does the worker attempt to reconcile those differences?
    - Is the worker open to considering a lack of progress as connected to:
      - A lack of parental involvement in the plan's creation?



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- A poorly conceived intervention strategy?
- Service providers whose services are not adequate for the interventions needed?
- b. Are the behaviors and conditions that are measured related to the central issues: the danger threats and gaps in protective capacities?
- c. Is there a thoughtful distinction made between all the central problems being resolved and enough of a change that an in-home safety plan can be implemented (and sustained while further change occurs)?
- d. Is this step of evaluating and considering effectiveness of strategy carried out by the worker as a deliberate *process*, or does it have characteristics of collecting reports and filling out required forms?

### **Case Consultation Regarding New Children in an Open Case**

1. Provide supervisor consultation as necessary to ensure the child welfare professional's due diligence in:
  - c. Gathering sufficient additional information to fully assess the impact of the new child on family conditions and dynamics.
  - d. Seeking the expertise and/or input from other professionals, family members and the family team as to the assessment, safety plan and/or case plan.
2. Participate in family team meetings or staffing to the extent possible to support decision making as to modifications to current safety plan or case plan.
3. Review documentation of FFA-Investigation, FFA-Ongoing or Progress Evaluation for information sufficiency and analysis to justify case plan changes.

### **Case Consultation Regarding Modifications to a Case Plan**

1. **Supervisors will provide a case consultation prior to approving modifications to a case plan.**
2. The Supervisor should develop an understanding of the following questions with regard to the quality of the case plans under their purview:
  - j. How frequently is the plan's effectiveness evaluated by the case manager?
  - k. Is there a genuine concurrent plan that is being actively pursued and sustained in the event that change is not likely in a timely way?
  - l. If reunification (with an in-home safety plan) is considered feasible, is there a corresponding increase of casework activity to thoroughly plan for this?
  - m. Is the level of visit frequency and other monitoring that the case manager (and others) has with the family post-reunification sufficient to assure that the safety plan is working dependably?
  - n. What specific strategies are being used in the change process for this child and family?
  - o. How well are resources matched to the strategies that are to meet needs and achieve planned outcomes?



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- p. Are services that are being provided to child and family working well? If not, why not?
- q. Are any and all urgent needs met in ways that protect the health and safety of the child or, where necessary, protect others from the child?
- r. Are there any identified needs for changing service providers to better meet a need? If so, can the change be made timely so there's continuity of service? If change was needed, why, and can new service engaged timely?

### **Safe Case Closure**

1. **Approve case closure.**
2. Case consultation should be provided to the case manager as needed to explore issues and provide feedback regarding progress and/or challenges in achieving case plan outcomes or permanency goals.

### **Documentation of Supervisory Case Consultations**

1. The Supervisor will use FSFN functionality to document Supervisor Case Consultations.
2. The notes for a case consultation will provide at least the following information:
  - a. Type of consultation in terms of:
    - Face to face
    - Telephonic
    - Field observation
    - Other venues
  - b. Which safety constructs and related criteria were focus of consultation, such as but not limited to:
    - Present danger elements
    - Impending danger threshold criteria
    - Type of danger threat
    - Information sufficiency criteria
  - c. Indicate whether review included related documentation.
  - d. Statement which describes Supervisor's appraisal, such as but not limited to:
    - Concur or do not concur with assessment of (safety construct)
    - Concur or do not concur with information sufficiency
    - Case manager will take the following actions