CHARTING THE COURSE TOWARDS PERMANENCY FOR CHILDREN IN PENNSYLVANIA: A Knowledge and Skills-Based Curriculum

MODULE SIX (6)
CASE PLANNING WITH FAMILIES

A Training Outline

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Module 6: Case Planning With Families

Agenda for a Two-Day Curriculum on Module 6: Case Planning With Families

Estimated Time	Day One Content	Page
20 minutes	Section I: Introduction	1
2 hours	Section II: Connections to Laws, Policy, Regulations, and Best Practice	5
2 hours	Section III: Comprehensive Family Assessment	18
1 hour, 40 minutes	Section IV: Goals, Objectives, and Tasks	29
	Day 2 Content	
45 minutes	Section V: Prioritization of Needs	45
35 minutes	Section VI: Overview of Family Group Decision Making	50
2 hours	Section VII: Review of the Family Service Plan Document	54
1 hour, 5 minutes	Section VIII: Making Referrals and Coordinating Services	69
1 hour, 5 minutes	Section IX: Family Service Plan Reviews	76
30 minutes	Section X: Course Summary and Evaluations	83

Module 6: Case Planning With Families

Section I: Introduction

Estimated Length of Time:
20 minutes

Performance Objectives: N/A

Methods of Presentation:
Lecture, Individual Activity, Large Group Discussion

Materials Needed:
- ✓ Two Flip chart stands
- ✓ Two Blank easel pads
- ✓ Prepared flip charts
- ✓ Colored markers
- ✓ Masking tape
- ✓ Name tents
- ✓ Idea Catchers
- ✓ LCD projector and laptop
- ✓ Screen
- ✓ **Handout #1: Learning Objectives**
- ✓ **Handout #2: Agenda**
- ✓ **PowerPoint Slides #2-3: Learning Objectives**
- ✓ **PowerPoint Slides #4-5: Agenda**

Section I: Introduction

Trainer Note: Prepare two posters for the wall entitled WIIFM (What's In It For Me) and Parking Lot.

Trainer Note: Prepare the training room in advance by placing name tents, markers, and handout packets (if using) at each table. As participants arrive, greet each one.

Trainer Note: In Module 1: Introduction to Pennsylvania's Child Welfare System of the Charting the Course curriculum, the participants prepared their cohort's list of training guidelines to supplement the Training Room Guidelines. If the two sessions of Module 5: Risk Assessment and Module 6 have been held back to back in the same room, this cohort list may already be hanging in the room. If so, identify which participant agreed or will agree to ensure that this list will be brought to Module 6. If the cohort list is not hanging in the room, identify which participant has the list and then hang it up and identify which participant will ensure that the cohort list be brought to Module 6. If this training session is not part of a cohort group, guide participants through reviewing all of the training room guidelines and adding any additional guidelines that they suggest

Step 1: Lecture
(5 minutes)

Start the training session promptly at 9:00 AM. Reinforce the established training room culture. Reinforce other important guidelines as needed.

Trainer will welcome everyone to the training and take care of "housekeeping details" and introductions, especially if there are new participants joining the cohort. Pass around the sign-in sheet or have it available for signing during breaks on a table or podium at the side or back of the room. If the sign-in sheet is located in a specific location, it is a good idea to mark that with a poster on the wall, signaling its location.

Ask if there are any unanswered questions from the last module attended or about the assignments or transfer of learning work or any other training related issues. If questions are identified that cannot be answered quickly and briefly within the time allotted, note them on the Parking Lot Poster and address them at the appropriate time or refer them to a participant to search out an answer prior to the end of training, etc.

If this training is for a cohort group, participants will not need to review each guideline unless the trainer feels they need to be reinforced to ensure they are being followed. If this training session is not part of a cohort group, guide participants through reviewing all of the training room guidelines.

Review the Pennsylvania Child Welfare Resource Center guidelines with participants:

- ✓ Be on time
- ✓ Training Schedule – 9:00 to 4:00 with Breaks
- ✓ Document your presence -sign-in sheet

- ✓ Provide Constructive and Motivational Feedback
- ✓ Respect
- ✓ Risk taking
- ✓ Practice makes permanent
- ✓ Focus on Learning - No cell phones & only contact office for emergencies

Remind participants of the additional guidelines they developed for their cohort in the first day of *Module 1: Introduction to the Pennsylvania Child Welfare System*.

Step 2: Individual Activity, Large Group Discussion
(5 minutes)

Again, if this training is for a cohort group of participants, they will complete their name tents upon arrival and this step may be deleted.

If this training session is not for a cohort group, guide participants through the completion of their name tents.

County	Unit/Department
Length of time in position	One or two guidelines that makes training effective for them

Instruct participants to write the county in which they work in the top right corner of the nameplate. Instruct participants to write their position in the agency in the top left corner.

Ask participants to write the amount of time they have been in their position in the bottom left corner. Ask participants to write two guidelines to make training effective for them.

When the name and four corners are complete, ask participants to stand their name tent in front of them.

Ask participants to share introductory information from their name tents with the others seated at their table.

Step 3: Lecture, Large Group Discussion
(5 minutes)

Tell participants that this module is about Family Service Plans (FSPs) and working with families to develop effective plans. In order for a family's case to be opened to receive services, a family service plan must be developed. Ask how many participants have already developed one or more FSP's or conducted case reviews of FSP's another worker developed. Ask them to briefly share something they learned about this process with the whole group or if they have any unanswered questions about the process.

Trainer should ask participants to think of one thing that they want to learn about family service planning and take back to their agency practice. Participants should write this thought on the WIIFM poster.

Step 4: Lecture
(5 minutes)

Distribute and review **Handout #1 (Learning Objectives)** and display **PowerPoint Slides #2-3 (Learning Objectives)**. Review the agenda as it is presented on **Handout #2 (Agenda)** and **PowerPoint Slides #4-5 (Agenda)**. Ask participants if there are any questions about these handouts or PowerPoint slides. Tell participants that the group is going to be moving forward to learn about the regulations that guide family service planning work.

Remind participants to use their **Idea Catchers** to note any new ideas that shouldn't get away.

Module 6: Case Planning With Families

Section II: Connections to Laws, Policy, Regulations, and Best Practice

Estimated Length of Time:
2 hours

Performance Objectives:
- ✓ Given an assigned 3130 Regulation, participants will be able to identify and describe a minimum of one critical requirement(s) for completion of an FSP
- ✓ Given the 11 steps in the FSP process, participants will be able to correctly sequence all 11 steps with 100% accuracy

Methods of Presentation:
Large Group Discussion, Lecture, Individual Activity, Small and Large Group Activity

Materials Needed:
- ✓ Two Flip chart stands
- ✓ Two Blank flip chart pads
- ✓ Colored markers
- ✓ Masking tape
- ✓ Laptop/LCD projector
- ✓ Screen
- ✓ Premade flip chart
- ✓ **Reference Manual for Charting the Course towards Permanency for Children in Pennsylvania**
- ✓ **Trainer Resource #1: Summary of 3130 Regulations Related to Family Service Planning**
- ✓ **Trainer Resource #2: Early Intervention Eligibility**
- ✓ **Handout #3: Family Finding and Kinship Care**
- ✓ **Handout #4: Steps in the Family Service Planning Process**
- ✓ **Handout #5: Family Service Planning-Incorporating Safety and Risk Assessments**
- ✓ **Handout #6: Screening, Evaluation & Assessment**
- ✓ **Handout #7: ASQ™ in a Nutshell**
- ✓ **Handout #8: Screening Form - Child's Status as a Native American**
- ✓ **Handout #9: Indian Child Welfare Act Compliance Desk Aid**
- ✓ **Handout #10: Safe Sleep Environment Screening**
- ✓ **PowerPoint Slide #6: Act 55**
- ✓ **PowerPoint Slide #7: 3130 Regulations for FSP Planning**
- ✓ **PowerPoint Slide #8: The Family Service Planning Process**
- ✓ **PowerPoint Slide #9: Family Service Plan's Interactions**

Section II: Connections to Laws, Policy, Regulations, and Best Practice

Step 1: Large Group Discussion
(10 minutes)

Ask participants if they are involved in any legal contracts? If no one responds, ask everyone in the class to raise their hand if they have a car payment. Ask participants to raise their hand if they are part of an apartment lease or bank mortgage. Most of the class will have raised their hands.

Ask participants who raised their hands if they know the exact terms and conditions of their car payment and/or apartment lease. Ask the following questions:

- Do you know how much money you owe?
- Do you know when your payment is due?

They will identify that they know what to pay when. Explain that they have entered into a contract with another party.

Ask participants if they know exactly how many hours of training in which they must participate to be eligible for certification. The correct response is 126 hours.

Trainer Note: The number of training hours required for new child welfare professionals has increased from 120 to 126. This includes 120 hours of classroom training and six hours of online pre-work and post-work.

Then, ask them if they know what is expected of them as participants in the training process. How did they learn what was expected of them? Were the expectations clearly identified? Further, identify that the Resource Center has clear responsibilities as its part of the contract.

A Family Service Plan is similar to the contracts just discussed. It provides clear guidelines and responsibilities for all parties involved. It is the contract between the agency and the family.

Step 2: Small and Large Group Activity
(30 minutes)

Ask participants to locate their agency's FSP at this time. Acknowledge that agencies may be using different forms to complete their FSPs. This training will focus on the State developed FSP tool and process. All of the pieces should connect to participants' county specific tool.

Ask participants if they know what legal mandates and regulations guide the Family Service Planning process.

Explain that the Adoption Assistance and Child Welfare Act of 1980, commonly known as P.L. 96-272, first legislated that case plans be developed for children served by the Child Welfare System. Refer participants to the **Reference Book for Charting the Course towards Permanency for Children in Pennsylvania** to the section on 3130 Regulations and introduce participants to these Family Service Planning regulations that are currently in place. Currently, Chapter 3130 is the regulatory chapter in place that governs service planning. The specific parts of the Regulations that would be important for the participants to read and become familiar with are the sections that define Family Service Plans and list the required components in the Plan. Call attention to these sections in the **Reference Book for Charting the Course towards Permanency for Children in Pennsylvania**.

Ask participants if they know who they are mandated by law to engage during the Family Service Planning process. Distribute **Handout #3: Family Finding and Kinship Care** and display **PowerPoint Slide #6: Act 55**. Explain that Act 55 requires county children and youth agencies to search for and identify extended relatives and kin who may be willing to support children and families entering the child welfare system.

Trainer Note: Participants learned various engagement skills in order to communicate effectively with relatives and kin in Module 3 of Charting the Course.

Display **PowerPoint Slide #7 (3130 Regulations for FSP Planning)**. Explain that in the next activity, participants will have an opportunity to explore the Chapter 3130 Regulations related to case planning.

Divide participants up into four groups. Assign each group a Section(s) in the Chapter 3130 Regulations according to the PowerPoint slide.

- Group 1: §3130.31 (3) (i-v)—Responsibilities of the County Agencies.
- Group 2: §3130.61—Family Service Plans.
- Group 3: §3130.62—Parent Appeals and Fair Hearings.
  §3130.63—Review of Family Service Plans.
- Group 4: §3130.66—Case Planning for Children in Emergency Placement
  §3130.67—Placement Planning

Explain the each group will study their Section (s) and give a presentation or mini-lecture on the Section(s) they were assigned explaining the requirements of each as they relate to Family Service Plans. Give the groups about 10 minutes to prepare.

Allow each group to give their presentation. After the group presentations, use **Trainer Resource #1 (Summary of 3130 Regulations Related to Family Service Planning)** to highlight the information in each Section not covered in the presentations. Remind participants that the **Reference Book for Charting the Course towards Permanency for Children in Pennsylvania** is designed as a reference for participants use back at the office.

Step 3: Individual Activity, Small Group Activity, Large Group Discussion
(15 minutes)

After having a better understanding of the regulations related to FSPs, it is necessary to understand the steps of the Family Service Planning process before learning how to complete a Family Service Plan with a family. Distribute **Handout #4 (Steps in the Family Service Planning Process)**. This handout contains the steps in the planning process in a mixed up order. Ask the participants to work individually and put the steps in the correct order. Write a number 1 beside the first step, a number 2 beside the second step and so on. Give the participants 3-5 minutes to do this activity. Watch the group to see when most of them have completed the task.

Give the groups 3-5 minutes to compare their answers in their small groups and arrive at a group consensus on the correct order.

As a large group, rotate through the small groups asking each one to share the next step in the correct order. The correct order is this:

1) Engage the family in the entire planning process (document who is included/important to the family for this process and use tuning in skills).

Trainer Note: Explain that this step is not a discreet step, but instead an activity or foundational step that will be continued throughout the entire Family Service Planning process.

2) Review the findings from the Safety Assessment, Risk Assessment, screenings, and evaluations with the family (reasons accepted for service & family strengths).
3) Assess the family's agreement with the findings from the Safety Assessment, Risk Assessment, screenings and evaluations.
4) Formulate a Comprehensive Family Assessment (with the family).
5) Identify the permanency goal (with the family).
6) Identify the objectives that will achieve this goal (with the family).
7) Identify the tasks (who will do what by when & how progress will be measured) that will achieve each objective (with the family).
8) Document the plan in written format (secure signatures and review rights).
9) Implement the services associated with the tasks.
10) Monitor the plan.
11) Revise FSP on ongoing basis when circumstances change.

Step 4: Lecture, Small Group, Large Group Discussion

(25 minutes)

For this step, create a premade flip chart that says the following:

"The family service planning process:
- Is a mutual process with parents;
- Builds on strengths;
- Addresses needs identified during assessment;
- Is a fluid process.
- Includes incremental and reasonable actions/tasks; and
- Requires the oversight of the supervisor."

Trainer Note: This flip chart can be referred to throughout the remainder of the training when applicable.

Inform participants that a FSP must be done within 60 days of accepting a family for services. During the investigation or assessment, the agency gathers information regarding the safety threats and risk factors for the child(ren) and the protective capacity of the parents. Upon completion of safety and risk assessments, a determination is made regarding the need for children and youth services intervention.

Display **PowerPoint Slide #8 (The Family Service Planning Process)**. Explain characteristics of the Family Service Planning Process as follows:

The family service planning process:
- Is a mutual process with parents;
- Builds on strengths;
- Addresses needs identified during assessment;
- Is a fluid process. Plans are formally reviewed every six months and/or when circumstances change;
- Includes incremental and reasonable actions/tasks; and
- Requires the oversight of the supervisor.

Typically, if the assessments determine there are no safety threats or significant risk factors then there is no need for mandated services and the case is closed at intake. If the assessment determines a need for services then a Family Service Plan must be completed. The Family Service Plan is the contract that identifies the need for services to address the diminished protective capacities that resulted in safety threats and risk to the children – and the services that will be provided to reduce the safety and risk to the children.

Trainer Note: There are some instances when, even though no safety threats or significant risk factors exist, a county may still be compelled to open the family's case for services.

Ask participants to think back to an assessment they have completed on a family on their caseload. Ask them to identify a critical piece of data they recall from their assessment which needs to be included in the Family Service Plan—not the safety plan. Some examples might include:

- The child was injured when Mom's anger was out of control; learning techniques for anger management is a needed component of the FSP.
- Mom parents children without any obvious support from her extended family; developing and using support from sources outside the immediate family might help reduce her stress level.
- Mom thinks hitting is the most effective form of punishment to use with their child; she will need to learn to use other forms of discipline if her child is to be safe in her care.
- The doctor indicates that several of the child's injuries could have been life threatening if he had been hit a few inches one-way or the other or hit harder; the seriousness of his injuries must be kept in mind as services are planned.

Trainer Note: Depending on the experience of the participants, this step can be modified. For more experienced groups, it is possible to skip the discussion in the paragraph below and proceed directly to the group activity. Following the group activity, provide participants any pieces of skipped content that the volunteers did not mention in their presentations.

Display **PowerPoint Slide #9 (Family Service Plan's Interactions)**. In order to make a visual point, discuss the following information while pointing to the circle on the slide that indicates the idea to which you are referring. Distribute **Handout #5 (Family Service Planning – Incorporating Safety and Risk Assessments)**. Explain that Family Service Plans (FSP) must link safety threats to diminished protective capacities which allow the threats to exist. The FSP must work to build diminished protective capacities by bringing about internal change in the caregivers or sustainable external or environmental changes so that the caregiver's protective capacity protects the child from the threat of harm. In terms of family service planning, the conclusions drawn from a thorough assessment of a caregiver's overall protective capacities, along with conclusions drawn from the risk assessment, lead to the goals, objectives, and actions in a family service plan. Measuring the degree of a caregiver's protective capacities in conjunction with the risk assessment process helps to assure that the level and intensity of services provided are appropriate. The main purpose of the goals, objectives, and tasks in the family service plan is to reduce the future risk of harm and enhance the caregiver's protective capacities in order to provide the child with a safe and permanent home.

Divide participants into four groups. Give groups five minutes to discuss examples of how each item is related to another. Draw on flip chart the content in **PowerPoint Slide #9 (Family Service Plan's Interactions)**, minus the arrows. Ask for a volunteer from a table to give an example of how two items are related. Ask the participant to go to the flip chart and draw the arrow connecting the two related items. Ask for a participant from

another group to do the same until the flip chart contains all the arrows identified on the slide.

Both plans are fluid documents that must be updated based on changes that impact child safety, permanency or well-being and always according to the interval policies.

Step 5: Lecture
(5 minutes)

Safety interventions as prescribed in the safety plan focus on controlling the threat of harm to a child while actions in the family service plan focus on eliminating the conditions causing the threats of harm and strengthening protective capacities. Conduct a large group discussion by asking participants for examples of safety interventions and services on a Family Service Plan?

Services that would be established on the service plan might include mental health or substance abuse counseling, parenting education, or anger management. These treatment services would not be appropriate to include in the safety plan as they do not exert an external control to offset the immediate safety threat. However, the caregiver's participation in such services may result in the caregiver internalizing changes that would control future maltreatment by enhancing their protective capacities. Ultimately, these services will have a greater long term impact on the safety and well-being of the child, but would not assure the child's immediate safety.

Step 6: Lecture, Large Group Discussion
(10 minutes)

Now that participants have reviewed how safety plans are different that FSPs, it is time to discuss how findings from the Safety Assessments and Risk Assessments are related the Comprehensive Family Assessment. The Comprehensive Family Assessment identifies strengths and integrates the absent or diminished protective capacities linked to the identified safety threats, high and moderate risk factors, and child and family's well-being needs. The FSP must work to build diminished protective capacities by bringing about internal change in the caregivers or sustainable external or environmental changes, so that the caregiver's protective capacity protects the child from the threat of harm, decreases risk factors, and meets well-being needs.

Remind participants that in the previous two modules, significant time was spent on learning how to conduct safety and risk assessments. ASFA says that safety is "paramount." Therefore, safety and risk assessments are the two most important types of assessments that the child welfare professional will do. Through the course of working with families, child welfare professionals obtain additional information beyond safety and risk. The child welfare professional is also responsible for ensuring well-being needs for children and families. The plan to address such needs is documented in the FSP.

Trainer Note: Participants may need to be reminded that well-being needs are related to the child's physical, behavioral health, and educational needs as well as the parent(s) and children being engaged in individualized assessment and individualized service planning and delivery.

The Child and Family Service Review (CFSR) requires the agency to make concerted efforts to assess the needs of both the custodial and non-custodial parents, to identify and provide services necessary to achieve case goals, and adequately address the issues relevant to the agency's involvement with the family. Instruct participants to ask their supervisors how their particular agency assesses and provides services to non-custodial parents, especially when the parent lives out of state.

Some ways child welfare professionals can gain information about a child's and parent's well-being needs are through screenings, evaluations and assessments. Distribute **Handout #6 (Screening, Evaluation & Assessment)** and review its contents.

In order to understand this process, child welfare professionals need to understand the difference between a screening, an evaluation and an assessment. Inform participants that, for the purposes of this curriculum, the terms will be identified as follows:

- Screening identifies a person's status or progress and determines the need for further evaluation and/or assessment.

- Evaluation is a procedure to determine the presence or absence of a certain condition.

- Assessment is the ongoing process of determining strengths and challenges, resulting in a plan to shore up the strengths and address the challenges.

As such, screening and evaluation inform various assessments, culminating in the Comprehensive Family Assessment, which is the overall picture of the child and family.

It is important to keep in mind that some screenings are formal and others are informal in nature. Some screenings are mandated by bulletins, while others are recommended by best practice.

Inform participants they will now review some samples of various screening tools. This is not a comprehensive list of screening tools. As each tool is reviewed, it is important to note with whom the child welfare professional will be partnering (family and/or community) and how the information gathered will inform the Comprehensive Family Assessment.

Step 7: Lecture
(15 minutes)

Screenings

Trainer Note: Label a flip chart paper "Partners." Use this to record participants' observations about with whom they would collaborate while using the various tools.

One such tool is the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program provides initial and ongoing medical screenings to every MA-eligible (Medical Assistance) child, including those in placement. This screening is mandated in policy. Once the results of the screenings are known, the child then receives any medically necessary medical or remedial treatment service needed.

Ask participants to offer in a large group with whom they would partner to accomplish this, recording their answers on the flip chart paper. As they present their answers, note how the information gathered could inform the Comprehensive Family Assessment. For instance:

- family (background, accompanying child to appointments, carrying out treatments);
- medical personnel and traditional healers (screening, treatment and results);
- school (background, coordination with family/medical personnel); and
- transportation system (to get family to the appointments).

Trainer Note: For further information, refer participants to *OCYF Bulletin 99-94-03, EPSDT Protocol for Children in* Placement, effective April 1, 1994, and *OCYF Bulletin 99-94-04, Consent to EPSDT Child Screening, effective April 1, 1994*.

Another important tool that is mandated in policy to support a child's well-being is the Ages and Stages Questionnaires®: (ASQ™), Second Edition: A Parent-Completed, Child Monitoring System. Ask participants how many of them have seen the (ASQ™). Remind them that as Pre-work, they were supposed to have reviewed a questionnaire and determine its purpose.

This tool is designed for use by parents, partnering with a child welfare professional or other professional to administer and interpret the results. Distribute **Handout #7 (ASQ™ in a Nutshell)** and review. The parent/caregiver is engaged in the process so a clear picture of what the child may need can be identified and any services needed are obtained. The Ages and Stages Questionnaires®: (ASQ™), Second Edition: A Parent-Completed, Child Monitoring System specifically applies to a child under the age of 5 with developmental delays and are mandated for children under the age of 3 who have been abused or neglected, for children living in residential facilities and children who are homeless. The parent's increased understanding of the child may assist in developing more appropriate discipline and increased parent-child bonding.

Ask participants to offer in the large group what other partners they may have in using the Ages and Stages Questionnaires®: (ASQ™), Second Edition: A Parent-Completed, Child Monitoring System. Record their responses on the flip chart paper. As they present their responses, note how the information gathered could inform the family assessment. For instance:

- Early Intervention Program (evaluation and needed services related to developmental delays);
- Family Centers and/or day care providers (background regarding child's functional levels and participating in treatment plan); and
- Family (background, monitoring and carrying out treatment plan).

Trainer Note: There is also an Ages and Stages Questionnaires®: Social-Emotional (ASQ: SE): A Parent-Completed, Child Monitoring System for Social-Emotional Behaviors. For further information on both screenings, refer to OCYF Bulletin 3490-10-01, *Developmental Evaluation and Early Intervention Referral Policy,* effective June 17, 2010. Further information on general guidelines for eligibility is also available via **Trainer Resource #2 (Early Intervention Eligibility)**.

Ask participants how many participants have seen an Indian Child Welfare Act Screening Form **(Screening Form - Child's Status as a Native American)**. Remind them that as Pre-work, they were supposed to have reviewed the form and determine its purpose.

In order to ensure the well-being (and sometimes permanency) of children, it is a mandate that any child with an open case at any child welfare agency in Pennsylvania be screened at the Intake level to determine if they have any maternal or paternal relatives with Native American heritage. A screening tool designed to assist child welfare workers with the task of ICWA screening children is the ICWA Screening Tool. Distribute **Handout #8: (Screening Form - Child's Status as a Native American)** and **Handout #9 (Indian Child Welfare Act Compliance Desk Aid)**, noting that use of this screening tool and its companion desk aid can be used when working with all families, whether or not tribal affiliations are known. The tool's purpose is to determine if the agency is required to inquire about a child's enrollment status or eligibility status with a known or unknown Indian Tribe(s).

Trainer Note: For further information on ICWA, refer to OCYF Bulletin 3130-09-01, *Implementation of the Indian Child Welfare Act of 1978,* effective March 9, 2008.

Have participants identify other partners pertinent to use of this screening tool. Record their answers on the flip chart paper. As they present their answers, note how the information gathered could inform the Comprehensive Family Assessment. For instance:

- Tribal "extended" family (caregivers, support system).
- Tribal religious, social and political leaders (access to additional resources, planning).

- Tribal Enrollment Offices (determine ICWA eligibility).
- Indian Child Welfare Association (culturally-sensitive services).
- Bureau of Indian Affairs (culturally-sensitive services).

Trainer Note: They can also reference the National Indian Child Welfare Association (NICWA) website: www.nicwa.org.

Note that when there is reason to believe that the child has Native American heritage, one would need to provide "Active Efforts." One can learn more about active efforts in the CTC Resource Manual. Instruct participants to consult with their supervisors.

Contact with the Tribe must be made when identifying potential resources for a child subject to ICWA in case of placement. Inform participants that they will learn more about ICWA for children in placement in *Module 9: Out-of-Home Placement and Permanency Planning.*
Even when a child is not eligible for enrollment, contact may be made with tribal leaders to request assistance in planning services. Offer any examples from practice of the benefits of working with the Native American community.

Summarize by noting that information gathered regarding tribal affiliation can help link children and families with culturally-sensitive services, provide a support system, generate possible placement resources and assure permanent connections.

Partnering with Tribes is important since the advent of *the Fostering Connections to Success and Increasing Adoption Act of 2008, also known as Public Law 110-351*. It is now possible for Tribes to use Title IV-E money to expand their resources to provide such services such, such as independent living services (*Chafee Foster Care Independence Program* funds).

Knowing that the same inclusionary cultural principles would apply to other cultural groups (including religious communities), such as Jehovah's Witnesses and the Amish community, it is also important to remember that each family should be considered individually to determine what the family culture looks like. Engaging the child and parent/caregiver in the process of looking at their family unit through a new, more objective lens, allows them to help identify issues and find new areas for learning, such as alternate ways of interacting and reacting, which help support the growth and development of the child or youth.

The last screening to be discussed is related to safe sleep environments for infants one year of age and younger. There is no formal tool and the screening is not mandated by policy. However, the Department of Public Welfare highly recommends that child welfare professionals support caregivers to ensure that infants are provided with a safe sleeping environment that reduces the risk of Sudden Unexplained Infant Death (SUID) through suffocation, entrapment, or other incidents related to the sleeping environment. **Handout #10 (Safe Sleep Environment Screening)** provides a checklist which child welfare professionals can use with caregivers to educate and ensure that risks to an

infants' sleep environment are minimized. As child welfare professionals identify infants that sleep with their caregivers, they should either delve deeper into the practice. When this happens, child welfare professionals should be discussing with caregivers the scenarios that put the infant at increased risk of SUID. In some cases, the situation may warrant additional assessment. In others, it may warrant the agency providing parent educational services directly related to safe sleeping.

Informal assessments are conducted on topics identified through practice to be of concern. For instance, a child welfare professional may explore with pregnant mothers whether they have a history of depressive symptoms. In such cases the mother can be referred for a more formal assessment or connected with preventive services prior to the birth of her child.

Step 8: Lecture
(5 minutes)

Evaluations

Having looked at screenings, it is important to note that they usually take place at the beginning point in the casework process. Screenings help point out areas on which to concentrate and offer further opportunities to learn about the family values and functioning. Based on the results of the screenings, evaluations may be ordered, such as a drug and alcohol evaluation, psychological evaluation or cognitive evaluation. Most evaluations in child welfare have a purpose to determine the level of intensity, frequency, or duration for which a service is needed. Screenings and evaluations can be identified as activities or tasks in a Family Service Plan.

Ask participants who else they would partner with for these types of evaluations, recording their responses on the flip chart paper. As they present their responses, note how the information gathered could inform the family assessment. For instance:

- Drug and alcohol services (evaluation, recommendations and treatment)
- Mental health system or private provider (evaluation, recommendations & treatment)
- School or private provider (evaluation, recommendations & treatment; coordination of multiple services)

Step 9: Lecture
(5 minutes)

Summarize how the Family Service Plan process is connected to laws, policy, regulations, and best practice. Evaluations, assessments, and screenings can be a combination of formal and informal tools designed to identify a family's underlying needs. Explain to participants that in the next section, they will learn how to conduct an analysis of the multiple evaluations and formal and informal screenings and

assessments to develop the Comprehensive Family Assessment. It is the Comprehensive Family Assessment that will drive the Family Service Plan.

Remind participants to use their **Idea Catchers** to note any new ideas that shouldn't get away.

Module 6: Case Planning With Families

Section III: Comprehensive Family Assessment

Estimated Length of Time:
2 hours

Performance Objectives:
- ✓ Given the Smith Family Structured Case Note, participants will be able to identify a minimum of (3) strengths for Crystal and (3) strengths for Colin.
- ✓ Given the Smith Family's completed Safety Assessments and Risk Assessments, participants will be able to write a summary of the Family Situation, the Situation's Effects on the Children and Concerns without omitting more than one safety, risk factor, or diminished or absent protective capacity.

Methods of Presentation:
Large Group Discussion, Lecture, Individual Activity, Small and Large Group Activity

Materials Needed:
- ✓ Two flip chart stands
- ✓ Two Blank flip chart pads
- ✓ Colored markers
- ✓ Masking tape
- ✓ Laptop/LCD projector
- ✓ Screen
- ✓ Sentence strips or register tape
- ✓ 30 sheets of blank paper
- ✓ **Appendix #1: Protective Capacity Resource**
- ✓ **Trainer Resource #3: Developing the Comprehensive Family Assessment**
- ✓ **Handout #11: Building Comprehensive Family Assessment**
- ✓ **PowerPoint Slide #10: Building Comprehensive Family Assessment**
- ✓ **PowerPoint Slide #11: Comprehensive Family Assessment**
- ✓ **PowerPoint Slide #12: Strength Categories**
- ✓ **PowerPoint Slides #13-15: The Strength-Based, Solution-Focused Questions**
- ✓ **PowerPoint Slide #16: Levels of Protective Capacities**
- ✓ **PowerPoint Slide #17: The Family's Situation and the Causes of the Situation**
- ✓ **PowerPoint Slide #18: Effects on the Children**
- ✓ **PowerPoint Slide #19: Concerns**
- ✓ **Reference Manual for Charting the Course towards Permanency for Children in Pennsylvania**
- ✓ **Smith Family Folder:**
  - ✓ **Smith Family Structured Case Note** (from Module 4)
  - ✓ **Smith Family Safety Assessment** (from Module 4)
  - ✓ **Smith Family Risk Assessment** (from Module 5)

Section III: Comprehensive Family Assessment

Step 1: Lecture
(5 minutes)

The goal when doing screenings, assessments and evaluations is to identify, as completely as possible, the factors that impact safety, permanency and well-being of children and families. Information gained from them will be incorporated into a Family Service Plan in greater detail later in this module, but be sure that they understand that assessments are used to systematically gather needed information about a family. The interpretation of all the screenings, assessments and evaluations result in the Comprehensive Family Assessment. Using **PowerPoint Slide #10 (Building a Comprehensive Family Assessment)**, remind participants how all the information gathered flows together to help form the Comprehensive Family Assessment. Obtaining information from screenings and evaluations, using the Safety and Risk Assessments and gathering factual data from a variety of sources will assist the child welfare professional in forming a Comprehensive Family Assessment that will identify and link when possible, underlying issues in a family. It should be able to accurately describe why the family was accepted to receive child welfare services. Display **PowerPoint Slide #11: (Comprehensive Family Assessment)**. The purpose of the Comprehensive Family Assessment is to gather, analyze, and synthesize the important findings that will be used with the family to develop a plan. This assessment helps a child welfare professional organize findings by determining how they relate to one another. Explain that the Comprehensive Family Assessment should be able to describe the following as it relates to the family:

- Family strengths;
- Family situation and its causes;
- The situation's effects on the children; and
- Concerns.

This step is necessary in order to identify correct Family Service Plan goals and objectives.

Step 2: Lecture
(5 minutes)

Explain that participants now find themselves at the critical juncture of the casework process and planning process. They have worked hard to build the foundations of a collaborative partnership with the family. By using their engagement and Interactional Skills and focusing on protective capacities and family strengths, they have carefully assessed safety and risk and worked with the family to develop a plan to assure the safety of all children in the family. They have assessed the children's and family's well-being needs and identified related needs that need to be met. Now, they must work with the family to develop a service plan to enhance the parent(s)' protective capacities, reduce risk factors, and address well-being needs of the child and family so that the

child can either remain at home or be returned safely and permanently to his/her family in a timely fashion. The plan will also need to meet the child and family's well-being needs.

The true challenge is helping the family make real and lasting changes in their lives. The skills involved in facilitating such a change go beyond recognizing particular protective capacities and strengths that a family has that can mitigate or eliminate safety threats and minimize or eliminate identified risks. The skills involve helping families USE these protective capacities and strengths to make positive changes in their lives. The family's potential for providing a safe, permanent home also relies on their ability to identify, harness, and build on the protective capacities and strengths they already have.

The first step in empowering families to use their strengths and protective capacities is to identify them. Strengths identification is the first item in the Comprehensive Family Assessment. Ask participants to think back to *Module 4: In-Home Safety Assessment and Management.* Remind participants that all enhanced protective capacities are strengths, but not all strengths are protective capacities. Sometimes it can be overwhelming for family members to identify their strengths when simply asked "what are your strengths?" In order for the family and child welfare professional to identify strengths together, it can be helpful to categorize strengths in the following manner.

- ❖ What people have learned about themselves, others and their world.
- ❖ Personal qualities, traits and virtues that people possess.
- ❖ What people know about the world around them.
- ❖ The talents that people have.
- ❖ Cultural and personal stories and lore from their cultural orientation.
- ❖ The resources of the community in which they live.
- ❖ Enhanced protective capacities.

Step 3: Small Group Activity
(15 minutes)

Ask participants to refer to their **Smith Family Folders** and read the **Smith Family Structured Case Note** (from Module 4) and to think about the strengths of Crystal and Colin while referring to **PowerPoint Slide #12: Strength Categories**. After five minutes, divide the participants up in to six groups. Give the groups five minutes to identify as many strengths as they can for both Crystal and Colin. Make it into a friendly competition between groups. Have participants write their responses on flip chart paper.

Trainer Note: Participants should come up with the following examples of strengths for Crystal and Colin:

The strengths that the group should identify are:

- ❖ What people have learned about themselves, others, and their world?
    - Crystal speaks very fondly of her children and appears proud of them.

- Crystal has dreams for her children.
- Crystal has strong attachments with her children.

❖ Personal qualities, traits, and virtues that people possess.
- Crystal appears to be intelligent.
- Crystal appears to be articulate.
- Crystal appears to be sociable.
- Crystal displays at least an average level of intelligence in her communications.
- Crystal is concerned that her children become responsible adults.
- Colin is clearly able to communicate his needs, feelings and perceptions regarding the family situation.
- Colin appears thoughtful.
- Colin avoids conflict.
- Colin appears emotionally controlled and stable.

❖ What people know about the world around them.
- Crystal knows that she has family members she can use as resources.
- Crystal knows that others in the community are willing to step into her life to make sure that her children are protected from abuse and neglect.
- Colin speaks positively about the children.

❖ The talents that people have.
- Crystal provides a clean home for herself and her children.
- Colin is resourceful.
- Colin enjoys playing with the children and will take them to get something to eat or to the park.

❖ Cultural and personal stories and lore from their cultural orientation.

❖ The resources of the community in which they live.

Trainer Note: Please note that participants will not have enough information from the structured case note to be able to answer all of the categories.

Ask participants to tape their list of strengths on the wall and to share what they have recorded, circulating through the groups in a round-robin fashion until all of the strengths have been identified.

Trainer Note: If there is a clear winner that identifies more strengths than the others, it is permissible for the trainer to present the winning group with a prize.

Step 4: Lecture
(5 minutes)

Acknowledge the participants' identification of strengths for Crystal and Colin. Explain that they may have been understandably frustrated that they could not identify strengths for all of the categories. Explain that this will also happen when working with families. Families need to be engaged in a way so that they can identify their own strengths. Child welfare professionals can learn more about a family and what strengths they have

by practicing Strength-Based, Solution-Focused Questioning.

Post **PowerPoint Slides #13-15 (The Strength-Based, Solution-Focused Questions)** and review briefly with the group.

Trainer Note: This should only need to be a review as the group has been practicing these questions in previous modules

- *Past successes*:
  - What discipline methods have worked with your daughter? (Probing, Open-ended)
  - What goals have you achieved so far in your life? (Probing, Open-ended)
- *Exception questions*:
  - Tell me about a time when you were able to express your anger without hurting someone. (Directive, Closed-ended)
  - When have you been able to manage your son's behavior without hitting him? (Directive, Closed-ended)
- *Scaling questions*:
  - On a scale of 1 to 10, with 1 being not very much at all and 10 being as much as you can imagine, how confident are you about being able to do the tasks we listed in your Family Service Plan?
  - What would help to move you one number higher on that scale? (Open-ended)
- *The Miracle question*:
  - If a miracle were to happen tonight while you were sleeping and when you woke up in the morning your life had changed, but you didn't know that it had changed, you had to discover the change, what would you first notice would be different? (Open-ended)
  - What else?... Anything else?... Who else would notice the change?... What would they see? (Open-ended follow up questions)

Provide an example a question the Smith's child welfare professional might ask Crystal in order to identify additional strengths. One example might be "You were able to remain clean and sober for two years. What made it possible for you to do that?"

Summarize for the group that strengths are very important in getting the family to buy in to their plan. They are also important because FSPs should be built on the family's strengths. Once strengths are identified, it is important to be able to recognize what strengths operate as protective capacities.

Step 5: Lecture, Large Group Activity
(25 minutes)

People make positive change by drawing on protective capacities and strengths in one area of their lives and building on and channeling these strengths to another area of their lives. This is what enables all of us to accept challenges and to work on solutions

to problems that seem overwhelming. Ask the group to recall what a protective capacity is and have someone share what they remember. The group should say something like: Protective Capacities are specific and explicit strengths that manage and control safety threats (i.e. can and will a caregiver protect a child from an existing safety threat – impending danger?).

As part of the Safety Assessment and Management Process, participants learned the three different types of protective capacities. Trainer should review with participants that caregiver protective capacities can be categorized in three ways:

- Behavioral (how people act);
- Cognitive (how people think and perceive the world); and
- Emotional (how people feel).

Refer participants to the **Appendix #1 (Protective Capacity Resource)** and to the list of strengths they identified for Crystal and Colin. Ask participants to consider whether any of the strengths on their list are protective capacities. Ask participants to identify such protective capacities. Document a few responses on flip chart. Ask participants to identify whether they are behavioral, cognitive or emotional protective capacities.

Ask participant to consider whether any of the strengths on their list could become protective capacities. Ask participants to identify which ones. Document a few responses on flip chart. Ask participants to identify whether they are behavioral, cognitive or emotional protective capacities.

Display **PowerPoint Slide #16 (Levels of Protective Capacities)** and provide a brief review of its contents. Explain that no one person will ever have all protective capacities at once. Moreover, a caregiver may have several protective capacities, but they are not operating to mitigate the safety threat. In order to be protective, a caregiver must have an enhanced protective capacity that directly mitigates the safety threat. Diminished protective capacity does not necessarily mean that the capacity is absent. It may be turned down or turned off. Caregivers get tired; their abilities are reduced or lessened. They can be in a weakened state due to influences such as stress, substance abuse, or controlling behaviors of others.

Also, if a caregiver currently does not have the ability to protect their child it does not mean that they will never have that ability. If this were the case, parental rights would be being terminated left and right. What it does mean is that safety interventions need to be put into place to externally control the threat of harm and to protect the child AND services need to be provided via the Family Service Plan to help enhance the caregiver's protective capacity.

Caseworkers must work together with caregivers to identify what protective capacities need to be put into place to mitigate the safety threat and to gain buy in from caregivers to motivate them to make internal change. Our purpose here is to not overwhelm the caregivers, but to enact the necessary internal changes.

Share with participants that all of the protective capacities that are identified as absent and/or diminished need to be incorporated into the Family Service Plan to foster internal change. Therefore, we must make careful assessment of what must change in order to make the connections to the Family Service Plan.

The critical question is:

- How can we bring about the required change within the caregiver? In order to answer this question, we need to go back to our safety assessment.

It is also important to reflect on how the safety threat is in operation. What is it about the threat that needs to change?

Is the safety threat occurring due to a lack of knowledge? If this is the situation, our focus would be on the cognitive protective capacities.

What if the caregiver has the knowledge, but threat is occurring because they are not using knowledge? If this is the situation, our focus would be on the behavioral protective capacities.

Or, if the threat is occurring due to a gap/deficit in the emotional alignment or attachment to the child, our focus would be on the emotional protective capacities.

In some instances, the caregiver may need to focus on all three types of protective capacities. The key questions that child welfare professionals and caregivers must be able to answer together are:

- What must change?
  This question refers to the reduction or elimination of safety threats, the development or enhancement of protective capacities, changes within the home or family dynamic (e.g. removal of the perpetrator, the addition of other caregivers with enhanced protective capacities, etc.), and changes in the behavior of the caregiver (e.g. recovery from addiction, stabilization of mental health, acquisition of parenting skills, etc.).

- What must eventually exist?
  This question refers to the development of a home that is safe for the child. In other words, a home where the caregivers have enhanced protective capacities and there is no longer a need for CYS to provide external interventions to control a safety threat.

Step 6: Small and Large Group Activity
(45 minutes)

Again display **PowerPoint Slide #11 (Comprehensive Family Assessment)**. Share that in addition to strengths, the next three items in the Comprehensive Family

Assessment can be used to identify the initial reason the family was accepted for services. This is a critical piece of Family Service Planning.

- Family Situation and its Cause
- The Situation's Effects on the Children
- Concerns

Divide participants into groups. Instruct each group to reflect on the information that is known about the Smith Family from the following handouts that can be found in participants' **Smith Family Folders**.

- **Smith Family Structured Case Note** (from Module 4);
- **Smith Family Safety Assessment** (from Module 4); and
- **Smith Family Risk Assessment** (from Module 5).

Trainer Note: Participants are already very familiar with these documents as they have worked with in Module 4: Introduction to Safety Assessment and Management Process and Module 5: Risk Assessment.

Acknowledge that in an actual case, there would be additional information available.

Trainer Note: Trainer can elect to have participants be creative.

Instruct each small group to develop 1) a statement to describe the family situation, 2) a statement to describe the situation's effects on the children, and 3) a statement to describe the concerns (related to the reasons the case was accepted for service). Explain that when developing their concern statements, areas that have not been fully explored, yet have the potential to impact safety, permanency or well-being should also be listed here.

Ask participants if they noticed what information is missing to complete the Comprehensive Family Assessment. If participants cannot answer the question, refer them to **Handout #11 (Building a Comprehensive Family Assessment)**.

Trainer Note: For the Smith scenario there is still information to learn. There is some concern regarding Christian's functioning and there is no indication that there has been an Ages and Stages Questionnaires®: (ASQ™), Second Edition: A Parent-Completed, Child Monitoring System screening for Christian. Also unknown are Crystal's D/A treatment needs, more specifically the intensity level of her treatment.

Ask the group to develop their summaries using family friendly language. The groups can use blank pieces of paper to draft each statement and then transcribe it to flip chart paper.

Trainer Note: If participants have questions about linking specific safety threats, absent/diminished protective capacities, and risk factors refer to **Trainer Resource #3: Developing the Comprehensive Family Assessment** that provides a guide for the trainer to make the linkages.

Allow 25 minutes for this task. Instruct small groups to hang their flip charts to indicate they are done with the task. Then facilitate a large group discussion asking each small group to share their statements starting with the Family Situation. Each group should share this statement before moving on to the situation's effect on the children. Trainer should highlight similarities and difference and reinforce the positives. Continue until all three statements have been shared by each group.

Display and read each statement listed on **PowerPoint Slide #17 (The Family's Situation and the Causes of the Situation)**, **PowerPoint Slide #18 (Effects on Children)**, and **PowerPoint Slide #19 (Concerns)**.

PowerPoint Slide #17 (The Family's Situation and the Causes of the Situation)

Crystal's current level of drug use currently impacts negatively on her ability to provide adequate care and supervision to the children. She leaves the children home alone to locate and use drugs, often overnight, 5-6 times per week. Although Colin is a household member and recognizes that the children should not be left unsupervised, he has not assured the children are supervised by a responsible adult at all times. Mom's judgment is impaired by her drug use, and she feels that Carley is capable of caring for her younger brother Christian in the absence of an adult caregiver, to include extended periods of time.

PowerPoint Slide #18 (Effects on Children)

Both children report they are scared to be home alone at night and scared of the neighborhood in which they live. Carley is parentified and expected to care for her mother when she is hung-over and also provide care for her four year old brother.

PowerPoint Slide #19 (Concerns)

Crystal has left the children home alone for long periods of time unsupervised to use and obtain drugs. Colin leaves the home knowing that Crystal will leave the children home alone. Crystal admits to leaving the children home alone but does not see this as a major concern as Carley is 10-years-old and can provide supervision to Christian. Crystal's treatment needs are not known at this time.

Christian presents extremely shy and his developmental functioning is not known at this time.

It is unclear if Colin fully embraces the caregiver role. He has been part of the children's lives and says he wants to be a part of the family long-term; but has not yet fully acknowledged his role as a caregiver.

Ask participants if they feel that the Comprehensive Family Assessment is getting at the underlying issues in the Smith family? Do you think such summaries will help to keep the family engaged and focused on the issues at hand?

Keep these flip charts posted for a later activity.

Step 7: Lecture, Small Group Activity, Large Group Discussion
(15 minutes)

The Concern section in the Comprehensive Family Assessment is of critical importance to the FSP process. It is so critical because it is the last opportunity the child welfare professional has before actively planning interventions with a family to make the connection between the parent's behavior or condition and how the child is affected. It the Comprehensive Family Assessment fails to make the needed connections, it will be difficult to choose the correct interventions to make the needed change. Give examples from practice where the incorrect linkages were made and explain the lack of success.

Because if its importance, the group will be spending more time on the topic of concerns. Understanding and exploring concerns helps to identify/develop appropriate objectives, tasks and services in the FSP.

Ask the large group to brainstorm some common concerns that they have heard about or experienced on their caseload. Participants may call out such topics as:

- Drug/Alcohol Abuse;
- Mental Health Issues;
- Domestic Violence;
- Poverty;
- Conditions of the home; and
- Lack of parenting skills.

Acknowledge that these topics are commonly identified on both Risk Assessments and Safety Assessments. Pass out three sentence strips or three pieces of register tape per table and pieces of masking tape. Assign each group a topic and have them identify three statements of concern based on their experience or inference. One example might be mother's drug use impairs her ability to regularly provide food for her children. Instruct participants to work in their small groups for five minutes. Instruct participants to identify at least one example of concerns linked to an absent or diminished protective capacity. Have them document their concern statements on sentence strips or register tape.

After five minutes have the groups post them on the wall with masking tape. Briefly review the statements of concern that each group identified. Ensure that the situation is

linked to the care of the children. For those where the linkage is not made, ask the group to make the linkage.

Some examples of major concerns could be:

- Drug and Alcohol impair mother's ability to provide age appropriate supervision for the children.
- Drug and Alcohol impair father's ability to refrain from domestic violence in front of the children.
- Father's mental health issues impair his ability to provide the structure necessary to get the children off to school in the morning.
- Mother's lack of parenting knowledge about infants results in the child suffering severe diaper rash and malnutrition.
- The father's intellectual disability impairs his ability to actively advocate for his son during the Individual Education Planning process.
- The mother's lack of impulse control results in inconsistent child discipline, ranging from withdrawal of privileges to violent outbursts of anger resulting in bruises.
- The mother's insecure attachment to her daughter impairs her ability to protect her from sexual perpetrators.

Reinforce the need to be specific and concise. Inform participants to prepare themselves to see these concern statements again in the training.

Trainer Note: This information will be used in Section IV to build the FSP's objectives and tasks.

Step 8: Lecture
(5 minutes)

Summarize this section by reviewing quickly the four components to the Comprehensive Family Assessment.

- Strengths
- Family Situation and its Cause
- The Situation's Effects on the Children
- Concerns

The Comprehensive Family Assessment is important because it links your screenings, assessments, and evaluations to the objectives in the FSP. Remind participants to use their **Idea Catchers** to note any new ideas that shouldn't get away.

Module 6: Case Planning With Families

Section IV: Goals, Objectives, and Tasks

Estimated Length of Time:
1 hour 40 minutes

Performance Objectives:
- ✓ Given statements of concerns, participants will be able to develop objective statements that are specific, measurable, action-oriented, realistic, and time-limited.
- ✓ Using their developed objectives, participants will be able to identify a minimum of three measurable tasks that will, when completed by the family, meet the objective.

Methods of Presentation:
Large Group Discussion, Lecture, Small Group Activity

Materials Needed:
- ✓ Two Flip chart stands
- ✓ Two Blank flip chart pads
- ✓ Colored markers
- ✓ Masking tape
- ✓ Sentence strips or register tape
- ✓ Laptop/LCD projector
- ✓ Screen
- ✓ **Handout #12: Family Service Plan Definitions**
- ✓ **Handout #13: FSP Goals**
- ✓ **Handout #14: Guidelines for Choosing a Specific Service Provider**
- ✓ **PowerPoint Slides #20-23: Family Service Plan Definitions**
- ✓ **PowerPoint Slide #24: Tasks**
- ✓ **PowerPoint Slide #25: Confusion Between Objectives and Tasks**
- ✓ **PowerPoint Slides #26-27: Objectives and Tasks Understood**
- ✓ **Smith Family Folder**
- ✓ **Reference Book for Charting the Course towards Permanency for Children in Pennsylvania**

Section IV: Goals, Objectives and Tasks

Step 1: Lecture
(5 minutes)

The Comprehensive Family Assessment will be used to develop other components in the FSP. These components are goals, objectives and tasks. During this section, participants will learn how goals, objectives and tasks are developed. Goals, objectives, and tasks and they work together to guide the intervention. Explain to the group that the state of Pennsylvania is moving from a compliance-based family service plan to a change-based, individualized, behaviorally specific plan. Together, the child welfare professionals and the family members need to think about what family members need to *think, feel or do* differently based on the Comprehensive Family Assessment and how that thinking, feeling or doing differently will keep children safe. Child welfare professionals document these items in the FSP as well as how these specific outcomes can be reached by building on the family's strengths. In order for child welfare professionals to document these expectations in a clear and concise manner, they need to know how terms used family service planning are defined and how they are used in the process.

Step 2: Lecture, Large Group Discussion
(5 minutes)

The major components of the FSP are Goals, Objectives and Tasks. Participants will need to learn what each term means and how they are related to one another and to the Comprehensive Family Assessment. Refer participants to **PowerPoint Slides #20-23 (Family Service Plan Definitions)** and **Handout #12 (Family Service Plan Definitions)**.

Begin this section by going over the definitions of key terms used in creating a Family Service Plan. Include examples supplied in the content or use your own examples, as long as they are related to Child Welfare best practice.

Trainer Note: Participants may have considerable difficulty with the content of this section. They may not understand the difference between goals, objectives, and tasks. Many will have been taught definitions of goals and objectives which are not consistent with the planning methodology taught in this curriculum. The trainer should be prepared for confusion.

When child welfare professionals complete an FSP, they are required to identify a goal. Refer participants **Handout #13 (FSP Goals)**. Goals on the Family Service Plan are prescribed by the ASFA. They are:

- Child Remains in the home
- Child entered substitute care with the goal of:
    - Return to parent, guardian or other custodian

- Place for adoption
- Placement with a permanent legal custodian
- Place permanently with a fit and willing relative
- Placement in another planned living arrangement intended to be permanent

These goals are the accepted permanency goals for children as indicated in the Federal Adoption and Safe Families Act legislation and in the Pennsylvania Juvenile Act. Tell participants that these are the only acceptable permanency goals for children in Pennsylvania.

Ask participants if they know how to determine whether the appropriate goal for a child is "child remains in the home." Ensure the participants have a clear understanding of the correct answer: If the most recent Safety Assessment determined the child is safe or safe with a comprehensive safety plan, the child should have the goal of remaining in the home. If the child is unsafe, the child is placed outside the home, and thus will need one of the other goals under "child entered substitute care." When children are placed in substitute care, there are additional planning requirements over and beyond what is required for those children remaining in the home. The additional responsibility related to permanency planning will be covered in more detail in *Module 9: Out-of-Home Placement and Permanency Planning*. In this module, participants will learn details about how to plan for children with goals other than "child remains in the home."

Trainer Note: Some counties don't strictly follow the Safety Assessment and Management Process regarding placement decisions. In some counties, children are still placed due to reasons other than abuse and neglect. For example, some children in Pennsylvania are placed in foster care due to truancy. Therefore, some participants may have questions about this discussion.

Goals may be defined as comprehensive ends. They represent the desired outcome toward which all case activities are directed. The case goal may change during the time a family's case is open at the agency. Initially, the child may be safe and have a goal of remaining in the home. Later, the agency may act on behalf of the child who may be unsafe to provide immediate, safe placement to protect the child from harm. The goal may then change to reunification of the child and family. If it later becomes evident the child will not be able to go home, the child's goal may change to "Adoption" or "Permanent Legal Custodian."

At any point in time, the child welfare professional should be able to specify the current case goal. Objectives and activities should then be formulated to achieve this goal.

Step 3: Lecture
(15 minutes)

Begin the section by acknowledging the difficulty of the task at hand and the frustration participants may feel during the discussion. The trainer should explain that the most

competent planners struggle with the issue of measurability each time a case plan is written.

Objectives:

An objective is a statement, which describes a specific desired outcome or “end state.” Remind participants that each time a case plan is formulated the child welfare professional should be able to specify the current case goal. Objectives should then be formulated to achieve this goal. Achievement of the objective should represent a step toward achievement of the goal. For example, if the case goal is reunification of a child with her family, an objective of long-term placement in foster care does not promote achievement of the goal.

Case objectives are derived from the Comprehensive Family Assessment and must be consistent with case goals. Because objectives describe desired end-states, achievement of the objective is synonymous with success in having resolved our problem or met our need. If there are diminished or absent protective capacities related to a safety threat, some objectives in the FSP must be developed that will identify how the identified diminished or absent protective capacity will be enhanced. Objectives will also identify how moderate or high risk factors will be lowered and how child and family well-being needs will be met. More than one diminished protective capacity/risk factor may be identified for each objective. Each factor of risk that received a high or moderate rating must be addressed in at least one objective. Objectives must also address absent or diminished protective capacities that impact safety threats and risk factors.

Objectives must have certain characteristics in order to be appropriate objectives. One way to remember the criteria is to remember the acronym SMART.

S: Specific;
M: Measureable;
A: Action-oriented;
R: Realistic; and
T: Time-limited.

Specific

Objectives are more **specific** in scope than goals. An objective describes in measurable terms exactly what change is desired. The outcome described by an objective generally represents the elimination of the identified need or problem.

Each risk factor that received a high or moderate rating must be addressed in at least one objective and its corresponding task list in the FSP. Objectives must also address all diminished protective capacities that impact safety threats and risk factors. If a thoughtful Comprehensive Family Assessment is developed in a clear and concise manner, this will pose no difficulty to the child welfare professional.

Measurable

Objectives are **measurable**. Objectives describe the very specific outcomes, which are believed will result in goal achievement. In order to determine whether these outcomes have been met, they must be measurable. The parties to the plan must be able to reach consensus regarding whether the stated objectives have been accomplished. Therefore, the objective must include some easily discernible criteria by which child welfare professionals and families can measure achievement.

Writing measurable objectives is one of the most difficult parts of the case planning process. Many of the expected outcomes in child welfare do not lend themselves to easy, precise quantification.

Some criteria are easy to observe but more difficult to measure. A mental health disorder is a good example. It may be evident from a person's behavior that he has mental health issues. But how can child welfare professionals quantify or measure the degree of mental health disorder so they can assess risk and safety or measure change? It is very difficult to devise a measurable criterion of mental illness. With objectives related to mental illness, change needs to be measured in associated change in behavior, or perhaps changes as assessed by professional mental health assessment, or psychological testing.

House cleanliness is another example. It is not possible to state an objective related to home cleanliness measurable by quantifying the amount of dirt allowed in a home. It makes no practical sense to say that a cup of dirt per room is “clean,” but 5 cups of dirt definitely is not. Child welfare professionals do not have the means of such precise measurement. Yet, measureable objectives related to home cleanliness must often be developed. It is not enough to simply say, “the house will be clean.”

A practical solution is an objective, which includes many observable criteria, which are associated with cleanliness. For example, “the floor will be cleared of dirt, dust, debris, shredded paper, food, and garbage.”

The criteria are observable, and therefore, agreement regarding achievement of the objective is more likely. The objective provides a realistic and measurable criterion against which to measure home cleanliness, even though it is not as quantifiable as one might like.

Child welfare professionals may be accustomed to writing objectives, which contain the word “improve,” such as “improve child care,” “improve housing conditions,” or “improve parenting.” Objectives, which contain the word “improve,” are neither observable nor measurable. “Improve” implies the existence of underlying values, which define some behaviors as more desirable than others. If observers have different values, they may not agree on what can be considered an improvement. For example, self-assertive behavior by a child may be positively viewed as autonomy by one person and seen as insubordination by another. In addition, since “improvement” cannot be measured until a

criterion for success has been established, there may be conflict regarding when the objective has been achieved; i.e., “how much improvement is enough?”

Just because it may be difficult to establish measurable criteria, it is not a reason not to identify measurable criteria. The successful completion of a case plan is entirely dependent upon the establishment of identifiable measures of change. Clients will not be able to change in a particular way, nor will their success be measureable, if it is not clearly communicated to them the change that is expected.

Action-oriented

Most objectives will need to reflect behavior change or be **action-oriented**. In child welfare, many desired “end states” will reflect the elimination of harmful parenting behaviors. As long as the child is in the home, or is expected to return home, most of our casework activities will be directed toward changing the parents' behaviors to enhance protective capacities and eliminate risk to the child. For those objectives the child welfare professional must describe the behavioral changes they expect parents to adopt.

This can create confusion for child welfare professionals in distinguishing between descriptions of parental behaviors, which represent “end states,” and descriptions of parental behaviors, which represent “activities.” Activities are always written in behavioral terms, because by definition, they are statements of a person's actions.

The differentiating factor is whether the change in the parent's behavior is considered the end in itself, or whether it is a means of achieving some other outcome. For example, “Sandra will manage her drug addiction so that the children will receive three meals per day. “Sandra will attend counseling sessions at the drug rehabilitation center” is the activity through which she will achieve sobriety.

By comparison, “Sandra will discipline her children using non-violent strategies, such as time-out, and restriction of privileges” is our desired end-state, i.e. the objective. If Sandra uses non-violent discipline, she will not be abusing her children and the goal of eliminating maltreatment will be achieved. The activities which will accomplish this objective will include the specific action steps needed to learn and use non-violent disciplinary measures. Explain that this concept will become clearer when tasks are learned.

It is important to remember that objectives must be derived from the Comprehensive Family Assessment. This characteristic of objectives appears deceptively self-evident. However, it is not uncommon for child welfare professionals to derive their objectives from a “laundry list” of potential conditions, which might be to improve parenting, or care of the child. For example, the previously stated objective of “mother will know and use nonviolent methods of disciplining the child, including time out and restriction of privileges” is an appropriately written objective when it is considered in the correct context. However, if the assessed problem is that the mother is an alcoholic and has

blackouts during which time the child receives no care, the objective is unrelated to the assessed problem. The proper objective, when derived from the Comprehensive Family Assessment, would be, “mother will manage her addiction to alcohol so that she can supervise and care for the child at all times.”

In addition, an objective should be formulated for each significant contributing factor or problem identified in the Comprehensive Family Assessment. Therefore, all objectives on the Family Service Plan will be developed from the identified safety threats, diminished or absent protective capacities, the high and moderate ratings on the Risk Assessment and well-being needs that are not met. This will assure that activities and services are properly directed toward eliminating the underlying or dynamic problems, and that they are individualized to meet each family's needs.

Realistic

Objectives need to be **realistic**. If a specific desired outcome for a family is not realistic, the parents will not be inclined to embrace the plan to put it into action. In addition, if the objectives are not realistic, the child welfare professional and other service providers will not be genuinely working with the parent to facilitate change. For example, an objective stating that the drug addicted mother will “stay clean and sober at all times so that …” might be setting up the parent to fail. Most high quality drug treatment modalities teach drug addicted clients that relapse is part of treatment and an important component of treatment is learning lessons from relapses in order to prevent them in the future. Therefore, a more realistic objective may start out by saying the mother will “manage her drug addiction so that ….”

Another way a child welfare professional can ensure the objectives are realistic is to stagger the order in which the family members will address the objectives. If the parent is required to do too many things at once, the FSP will likely fail. Inform participants that they will revisit this idea later in the training.

Time-limited

Objectives should be **time-limited**. A time frame should be designated within which the objective can reasonably be expected to be completed. The assignment of a time frame provides an additional criterion by which achievement of the objective can be measured. FSPs are reviewed at a minimum of every six months. Objectives need to be written so that they can be achieved or at least substantial progress can made within that time frame.

Step 4: Lecture
(5 minutes)

Although caseworkers will have this information through the assessments, screenings, and evaluations, it will be extremely important for the worker to spend time engaging the family to discuss the underlying issues identified in the Comprehensive Family

Assessment.

Objectives should be mutual. In the casework model, all planning activities are conducted mutually by the client and the child welfare professional. Within the broad goal parameters set by the child welfare agency, i.e. “reunification of the family” or “preventing removal of the child from her home,” the more involved the client is in determining objectives, the more committed she will be to implementing them.

In a protective authority model, the caseworker must write case objectives that describe the agency's expectations generally, and describe the minimal conditions which must exist in order to eliminate risk and safety to the children. While the expectations may be appropriate, if they are formulated by the agency for the client, they cannot be considered mutual. They are the agency's objectives, not the client's and therefore, the client is usually not compelled to make internal and intrinsic changes. In most such cases, the FSP does not result in the intended outcome.

Part of the child welfare professional’s responsibility, through casework intervention, is to engage and empower the client to become invested in these objectives to the point of mutuality. Sometimes the child welfare professional will succeed sometimes not. Explain that Family Group Decision Making is one way that families can gain a sense of ownership in the FSP process. Inform participants that later in the training, Family Group Decision Making will be covered.

Step 5: Small Group Activity, Large Group Discussion
(20 minutes)

Give each table one concern statement that was created in Section III, Step 7. Pass out two blank sentence strips or pieces of register tape to each table. Using this situation, have the groups write sample objectives for their specific statement on sentence strips or register tape. Explain to participants that objectives should not be “cookie cutter” for every family but that they need to practice how to write a good end state objective specific to the family and that is measurable, action-oriented, realistic and time-limited. Give groups five minutes to complete the activity.

Some examples of objective statements are listed below:

- Mother's depression will be stabilized to allow her to provide age appropriate care and supervision for her children

- Mother manages her addiction to drugs and alcohol so that she is able and willing to provide for her child’s emotional and physical needs

- Father will use positive parenting techniques when addressing negative or concerning behaviors of his children

- Mother will meet the emotional needs of herself and her children in a non-sexual manner

- Mother will assure that her children are appropriately supervised at all times

- Father will control his anger so that he is able to respond to his children's needs in a manner that is non-violent

- Mother will keep the floor cleared of dirt, dust, debris, shredded paper, food, and garbage

When the groups are done writing their objectives have each group tape their original statements next to their respective objectives on the wall. Have a volunteer from each table present their objectives to the large group. Help the group process the activity. Assure that when the groups are presenting that they are indeed presenting objectives and that they are specific, measurable, action-oriented, realistic, and time-limited. Ask the larger group for motivational and constructive feedback.

Trainer can ask the group the following questions:
- Did the groups find this activity easy?
- If so, what was easy about it?
- If not, what was challenging about the activity?

Explain to the group that most people find this skill difficult because they often write tasks instead of objectives. Answer any questions the group might have about writing objectives.

Step 6: Lecture
(20 minutes)

Tasks/Activities:

The next set of items on the Family Service Plan that needs to be jointly planned between the child welfare professional and the family is tasks or activities. The FSP must specify all the necessary activities to achieve each stated objective. This part of the case plan can be viewed as a task analysis or the "step-by-step implementation plan," which will structure and guide the provision of services.

Once the task or activity is agreed upon, the family and child welfare professional will need to decide who will provide the service. This is a very important step while identifying tasks. When planning tasks and activities with families, child welfare professionals need to become familiar with how service providers are identified for families. Efforts need to be made to ensure that a service provider is a good fit for the particular family. One of the most creative aspects of child welfare practice is matching the family's identified needs with individualized and culturally-sensitive services.

Very often, service providers named in FSPs are chosen based on contracts with agencies or based on long standing relationships with agency personnel. Some service providers that only offer a one-size-fits-all program and cannot tailor their services to meet family's unique needs. Sometimes, these providers can meet a family's needs; other times they won't. In these cases, child welfare professionals should feel empowered to explore with their family and their supervisor, other service providers in their communities that are better able to help a family reach their FSP objectives. Many times, these services will be informal.

Emphasize that services that are customized to meet a family's unique needs will be more successful than those services which are more programmatic or "cookie cutter" in approach. Also, stress that services do not need to be formal. In fact, many times, families are more comfortable being serviced by non-professional supports and these non-formal services can sometimes yield better outcomes than formal supports. Explain to participants that services should not be "cookie cutter" for every family, but rather customized to meet a particular need.

Refer participants to **Handout #14 (Guidelines for Choosing a Specific Service Provider)** explain the guidelines that can be used in order to determine whether a specific service provider is appropriate for a particular family. Explain that the following questions should be considered when choosing specific service providers.

1) Will the selected service provider address the contributing factors to the safety threats, risk of maltreatment, or reduced parental capacities?
2) Is the service best suited to deal with the safety threats and caregiver or child needs identified during the safety/risk assessments?
3) Will the service provider be culturally appropriate?
4) How does the family feel about this provider?
5) Has this provider served this family before? If so, did the service yield positive outcomes?
6) What skills are required of the service provider? Does he or she have the required competence?
7) What factors enhance or prohibit the family's participation and cooperation with this provider?
8) Could the child welfare agency provide the services directly rather than through a purchase of service contract? Are you expected to provide these services yourself? Is that appropriate? Do you have the required competency to do so?
9) Can various methods of service delivery be used concurrently? How would this benefit the family?

10) How soon is the service provider available? (Research indicates that families benefit more from intensive services during the first several months of service and are more likely to alter their behavior as close to the initial point of referral as possible.)

These are examples of the critical thinking skills needed by child welfare professionals to determine the appropriateness of services for a particular family.

Remind participants that accurately matching needs to services and locating culturally-sensitive, appropriate services in conjunction with the family represents best practice.

Formulating tasks that directly address the objectives requires careful thought. A well written task plan can specify the steps a parent needs to take toward resolving the problems, which led to child maltreatment. However, the reverse is also true. When activities are poorly formulated, expectations of the parents may not be clear; or, successful completion of the activities may not result in achievement of the objective or resolution of the problem.

Display **PowerPoint Slide #24 (Tasks)** and explain that tasks should be written for each objective included in the case plan. When developing tasks with families, the following need to be clearly specified:

- ✓ **Who** is responsible for the implementation of each task?
- ✓ **What** tasks or actions must be performed, in what order, to achieve the objectives?
- ✓ **When** is the task to take place, including desired time frames for beginning and completing each task?
- ✓ **How** will the successful completion of the task be measured?

Activities should be jointly formulated and agreed upon by the client and the child welfare professional; this is the Interactional Skill of Reaching for Feedback in the Contracting phase with the family. Disagreements should be negotiated before the action steps in the plan are finalized. The client's commitment to following through with case plan activities is related to their degree of “buy-in” and involvement in development of the plan.

When developing complex activities with multiple components, activities should be broken down into parts or “chunked.” For example, “mother will find a job” may include many separate activities, including reading newspaper ads, going to the unemployment office, calling to get information from prospective employers, setting up job interviews, filling out written application forms, or attending job interviews.

When activities consist of a series of “small steps,” it is easier to prioritize them and to implement them in a specified order. There is also a greater opportunity for the client to succeed at carrying out case plan activities, which often increases motivation to attempt additional activities.

The child welfare professional should assure that the client has the knowledge and ability to carry out assigned activities. If the client does not, the activities should be reformulated. For example, when the client's intellectual capabilities are limited, tasks should be extremely simple, concrete, and broken into even smaller tasks than for other clients. Sometimes, time frames may need to be expanded.

Continuing with the previous example, if mother does not have job-seeking skills, the activities may have to include “mother will practice and rehearse job interviews with the child welfare professional,” “mother and child welfare professional will read the newspaper to find possible job openings,” and “mother will talk with a job counselor to discuss her skills and interests.”

Sometimes, a client's capability is not in question, but rather, their motivation or willingness to meet minimal expectations is in question. In these situations, tasks may be more complex, but written to be completed within a shorter, but reasonable, time frame, to push for a timely resolution. The child welfare professional must be cautioned, however, not to mistake a lack of ability or knowledge for resistance, particularly when the client may be embarrassed or ashamed to acknowledge his limitations.

Case plan activities should be set up for a reasonable period of time. The average time frame for a case plan is between three to six months at which time a formal review will be held. The formal review must occur at least every six months but can occur more frequently. However, remind participants that informal review of the goals, objectives, and progress in implementing activities should be conducted at most family contacts. The plan should also include an expected time frame for the completion of each individual task.

Avoiding Confusion between Objectives and Activities:

It is not uncommon for child welfare professionals to confuse objectives with activities in their planning, because both are measurable, and because both are derived from the case goals. Display **PowerPoint Slide #25 (Confusion Between Objectives and Tasks)**. The following is a commonly seen, but improper, formulation.

Concern:	Mother has a diagnosis of schizophrenia, and when having a psychotic episode, mistreats children.
Objective:	Mother will attend weekly counseling sessions at the community mental health agency.
Task:	Child welfare professional will transport mother to mental health appointment.

In example above, attendance at counseling is not an end. It is a task or action step toward achieving an end. The desired outcome to be achieved by attendance at a

mental health agency has not been identified. As currently written, if mother goes to the mental health agency on a weekly basis, the case objective will have been met, whether or not the mother's mental illness or parenting capability have changed.

The easiest way to avoid confusion is to remember that an objective is a statement about a desired end state, and the activity is the action or process used to achieve the desired end state. A service is almost never an appropriate objective. Display **PowerPoint Slides #26-27: Objectives and Tasks Understood**.

The proper formulation is as follows:

Concern:	Mother has schizophrenia, and when having a psychotic episode, does not supervise or provide care for her children.
Objective:	Mother's schizophrenia will be stabilized to allow her to provide age appropriate care and supervision for her children. Mother will have professional mental health support.
Tasks:	Child welfare professional will set up an appointment with mental health psychiatrist for an evaluation of mother's mental illness. Caseworker will transport mother to the mental health evaluation. Psychiatrist will develop and recommend a treatment plan for mother's schizophrenia. Mother will attend weekly counseling sessions at the mental health agency.

Step 7: Small Group Activity, Large Group Discussion
(30 minutes)

Ask groups to take back to their table the objective they developed in Step 5. Using this objective, have the groups write tasks that go with their objectives. Explain that they need to practice how to break down tasks into smaller manageable tasks, so that families do not feel overwhelmed with the enormity of tasks they need to complete in their FSP. Explain that when they are developing their task lists they also need to be answering the "*who", "what"*, and "*when"* questions. In addition, the group will need to identify "*how"* each task will be measured.

Some examples of task related to the previous objectives are listed below:

Mental Health
Objective:

Mother's depression will be stabilized to allow her to provide age appropriate care and supervision for her children.

Tasks:
- Child welfare professional will set up an appointment with mental health psychiatrist for an evaluation of mother's mental illness by 9/20.
- Mother will attend the mental health evaluation by 10/20.
- Child welfare professional will transport mother to the mental health evaluation by 10/20.
- Mental health professional will develop and recommend a treatment plan for mother's depression by 11/1.
- Mother will attend weekly counseling sessions at the mental health agency if recommended by the mental health evaluation. Start by 11/15, End 3/20.
- Child welfare professional, Mental Health Professional and mother will sign appropriate information releases by 9/20.

Drug and Alcohol
Objective:

Mother manages her addiction to drugs and alcohol so that she is able and willing to provide for her child's emotional and physical needs.

Tasks:
- Mother will participate in intensive outpatient drug and alcohol treatment until successfully discharged or other recommendations are made by her counselor. Start by 3/1, End 6/20
- Mother will provide random drug screens as requested by the CYS agency. Start 3/1, End 8/30.
- Mother will attend two NA or AA meetings a week. Start 4/1. End 8/30.
- Mother will obtain and utilize a sponsor with whom she feels comfortable with and call the sponsor when she needs support or has the urge to use by 5/1
- Child welfare professional, substance abuse professional and mother will sign appropriate information releases by 3/1.

Abuse (Physical)
Objective:

(Physical) Mother will use positive parenting techniques when addressing negative or concerning behaviors of her children.

Tasks:
- Mother will find out about her church's parenting program by 6/1.
- Attend one meeting of this program by 6/15.
- Attend one meeting of parent classes at the hospital.

Decide which program suits her needs better by 6/15.
Enroll in chosen program by 6/25.
Attend classes; actively participate; achieve a certificate of completion. Start by 7/1, End 9/30.
Use what she learns in class to parent child without abuse. Start 7/1; End 11/1.

Anger Management
Objective:
Mother will control her anger so that is able to respond to her children's needs in a manner that is non-violent.

Tasks:
Learn about the Mental Health Center's anger management program by 1/1.
Complete the intake process for anger management program by 1/15.
Attend and actively participate in anger management program. Start 1/30; End 3/30.
Use what she learns to express anger without hurting her children. Start 1/30; End June 30.
Discuss with Caseworker what she has learned and what she is doing differently. Start 2/10; End 6/30.
Mark on the calendar each time she uses a strategy learned in the program. Start 1/30; End 6/30

Neglect
Objective:

Mother will keep the floor cleared of dirt, dust, debris, shredded paper, food, and garbage.

Tasks:
Mother and caseworker will develop a weekly cleaning schedule and this will get posted on the fridge by 4/1.
Mother will follow the weekly cleaning schedule. Start 4/1; End 9/30.
Mother and caseworker will develop a chore list for the children so they can help keep the house clean. By 4/15.
Mother will enforce the choir list. Start 4/16; End 9/30.

When the groups are done writing their tasks have each group present their task lists to the large group. When the groups are presenting, make sure to ask them how they would measure the task. Help the group process the activity. Assure that the tasks the groups are presenting are indeed tasks and that the tasks are appropriate for the stated objective. Ask the groups how their tasks will be measured.

Trainer can ask the group: did the groups find this activity easy? If so what was easy if not what was challenging about the activity? Before ending this step, take time to be

sure that all of the participants are clear on the definitions of goals, objectives, and tasks.

Remind participants to use their **Idea Catchers** to note any new ideas that shouldn't get away.

Trainer Note: Inform the class that this is the end of day one. Recap what the group has learned today. Tomorrow, participants will go through all sections of the plan, practice filling the plan out using the Smith family, how and when to do Family Service Plan Reviews.

Module 6: Case Planning With Families

Section V: Prioritization of Needs

Estimated Length of Time:
45 minutes

Performance Objectives:
- ✓ N/A

Methods of Presentation:
Large Group Discussion, Game, Lecture, Large Group Activity

Materials Needed:
- ✓ Two Flip chart stands
- ✓ Two Blank flip chart pads
- ✓ Colored markers
- ✓ Masking tape
- ✓ Laptop/LCD projector
- ✓ Screen
- ✓ Don't Spill the Beans game
- ✓ **PowerPoint Slides #28-29: Agenda**
- ✓ **PowerPoint Slide #30: Criteria for Prioritization**
- ✓ **PowerPoint Slides #31-32: Setting Priorities**

Section V: Prioritization of Needs

Step 1: Large Group Activity
(15 minutes)

Welcome participants back to the training. Review the Day 2 agenda while displaying **PowerPoint Slides #28-29 (Agenda)**. Explain that the group will start out the day with a review activity of the previous day's main learning points:

- Legal Mandates for Family Service Planning
- Comprehensive Family Assessment
- Goals, Objectives, and Tasks

Instruct each table refer to their handouts from yesterday and develop three questions they think will stump another table. Give tables three minutes to develop their questions. Instruct tables to take turns asking one of their questions to another table. If they stump the other table, the questioning table gets one point. The table that answers a question correctly gets one point. After each table has asked all three of their questions, identify and recognize the winning table. It is permissible to present to the winning table a prize.

Step 2: Lecture
(5 minutes)

When thorough Comprehensive Family Assessments are completed, it becomes apparent that most families that are served by the Child Welfare System have multiple strengths and concerns. In addition, families sometimes may identify their greatest needs differently than the child welfare professional. Many times there are so many objectives and tasks that it can overwhelm child welfare professionals, providers, let alone the family members. Since the needs of families can be great, it becomes a crucial task for child welfare professional and family to prioritize needs. Prioritizing needs will increase the likelihood of successful outcomes because the families will be less overwhelmed with the many tasks at hand.

Step 3: Game
(10 minutes)

Trainer Note: Don't Spill the Beans game will be used for this activity.

Divide the group in to two large groups and distribute the beans between them. Explain to the group that they need to think about needs of a family. One group is to create top priorities that a client might have such as going to work, cleaning the house, cooking dinner, and paying bills things that the client has to do on a daily basis. The other group is to develop top priorities that the agency will be requiring of the client when the case is opened such as attending visits, attending meetings, going to assistance office to fill out paperwork. Next, explain that a representative from each group will get to name a priority as they place a bean in the bean pot. Have one group name a top priority first

while placing a bean, then let the other group go by placing their top priority and placing a bean. Continue like this until the beans spill.

Trainer Note: While the group is placing their priorities in the bean pot, record these priorities on flip chart paper. Leave the flip charts posted.

Step 4: Large Group Discussion, Lecture
(15 minutes)

After the game, facilitate a large group discussion by asking the group what they felt the purpose of the game was. Participants should provide responses like: when everyone tries to do everything the plan will crash and families will fail. Working together to determine the highest priorities can make both sides happy and balanced which can contribute to success for the family.

Settings priorities is a time management strategy. The word "priority" is derived from the word "prior" which means "earlier" or "before." A priority is, therefore, an activity which should be performed before others. Setting priorities is a planning methodology in which *one chooses which activities will be done first,* and, *which will be left undone* if one does not have adequate time to complete all the activities within a designated time period.

In prioritizing objectives and activities in a child welfare case plan, two criteria must be weighed and balanced.

Display **PowerPoint Slide #30 (Criteria for Prioritization)**. First, how important is the activity? "*Importance*" refers to the inherent value of an activity. The value of an activity cannot be determined out of context. The question must be asked "important toward what end?"

The value of any case activity depends upon the degree to which it helps achieve an objective. Similarly, the value of a particular objective will depend upon the degree to which it helps to achieve the case goal. For example: if an activity is central to achieving an objective, it is of high importance. Without it, the objective would likely not be met. If the objective could partially be reached without the activity, the activity is of moderate importance. If the activity is not directly related to achievement of the objective, it is of low importance. To determine the degree of importance of an activity to an objective, the following question should be asked: "what is the worst possible outcome if I never performed this activity at all?" The answer to that question will determine the level of importance. If the answer is “not much,” the activity can be rated very low on the priority rating scale. If the answer is “a child will likely be hurt,” the importance rating is very high. An objective and its activities relating to a safety threat would be more important than one solely related to risk. Generally, a condition that incapacitates a caregiver would be of high importance.

If the answer is “it would certainly help the family’s situation, but is not critical to protecting the child,” the importance rating would be moderate.

The second criterion is *urgency* or whether there is a time frame within which the activity must be completed. In general, an activity assumes a higher priority the closer one gets to the end of the time allotted for the activity.

To determine the degree of importance of an activity or objective, the following question should be asked: "*What is the worst possible outcome if I do not perform this activity within the allotted time frame?* Again, the criteria should rate the degree to which the performance of the activity is important, but if it can wait without serious consequences, it is considered of low priority on the urgency criteria. If there will be some negative effects on goal or objective achievement by waiting, but the outcome is not disastrous, the activity is of moderate urgency.

Both factors must be weighed and considered when one determines which activities will become priorities.

FSP objectives and activities related to the enhancement of protective capacities directly related to safety threats and those related to the determination or elimination of high and moderate risk factors are the highest priorities. They are, by definition, of extreme importance and require immediate attention.

Trainer Note: Safety Interventions associated with the immediate protection of the child are addressed through the Safety Assessment and Management Process and not directly addressed in FSP objectives and tasks.

The importance and urgency of other potential case objectives and activities will vary from case to case, and must be prioritized by the child welfare professional through the analysis of their relative importance and urgency toward the achievement of case goals.

Display PowerPoint Slides #31-32 (Setting Priorities) and explain that in setting priorities, the following guidelines can be used to help in decision making.

- Objectives/Tasks which are of high importance and high urgency are of the highest priority and should be completed first.

- Objectives/Tasks which can be rated moderately important and highly urgent, or highly important and moderately urgent, are of the second level of priority.

- Objectives/Tasks which are of low urgency and of high or moderate importance should be planned and scheduled for a later date.

- Objectives/Tasks which are low importance, regardless of the degree of urgency, should not be performed at all.

Give an example from casework experience that could demonstrate the point. If the trainer doesn't have one from practice, use the following example:

> A methamphetamine dependent mother becomes physically abusive to children when she goes on her "runs." Family members state she's always been socially isolated and has demonstrated erratic behavior since she was young. Her brother thinks he remembers that at around the age of 18, she had received a mental health diagnosis of borderline personality disorder.
>
> There are at least three needs that need be addressed. Drug dependency needs, mental health needs, and social support. If a child welfare professional were to prioritize this mother's needs, it might look like this:
>
> 1. Drug dependence should be tackled first because the mother is incapacitated due to drug dependence and the abuse is directly related to it.
> 2. Mental health would be second. Mental health can impact a person's long term sobriety. In addition, an accurate diagnosis of a personality disorder is highly unlikely when someone is actively using drugs.
> 3. Social reintegration would be a third need. While it is a need of the mothers, in this case, it is not directly related to the abuse. In addition, the likelihood of the mother developing healthy and lasting social supports while using and demonstrating erratic behavior is unlikely. Therefore, this objective should be tackled last.

Remind participants that this process is completed with the caregivers by mutual agreement. The Pennsylvania Child Welfare Values and Principles emphasize not only the involvement of youth and families throughput all phases of the casework process but also that youth and families are experts on themselves.

Remind participants to use their **Idea Catchers** to note any new ideas that shouldn't get away.

Module 6: Case Planning With Families

Section VI: Overview of Family Group Decision Making

Estimated Length of Time:
35 Minutes

Performance Objectives:
- ✓ In a large group discussion, identify a way that FGDM is different than traditional Family Service Planning.

Methods of Presentation:
Large Group Discussion, Video

Materials Needed:
- ✓ Two Flip chart stands
- ✓ Two Blank flip chart pads
- ✓ Colored markers
- ✓ Masking tape
- ✓ TV and DVD player or laptop/LCD projector
- ✓ Screen
- ✓ **Video #1: Pathways to Permanence**
- ✓ **Reference Book for Charting the Course towards Permanency for Children in Pennsylvania**

Section VI: Overview of Family Group Decision Making

Step 1: Large Group Discussion
(10 minutes)

In the last section, the challenge of prioritizing needs was discussed. Sometimes, even after the most skilled use of engagement skills, families may not agree with the agency on their most pressing needs. Explain that the implementation of Family Group Conferencing (FGC) or Family Group Decision Making (FGDM) is helping many agencies to improve outcomes of safety, permanence and well-being, even for the most difficult to engage families.

Ask how many people are familiar with Family Group Conferencing (FGC) or Family Group Decision Making (FGDM). Some county participants will be very familiar, while other counties may still be beginning to implement this practice. Facilitate a large group discussion by asking people to share why FCG/FGDM is used as a way to engage families in the Family Service Planning process. Participants should provide answers such as: lets the family develop their own plan; helps locate more community members to support the family; builds relationships for the family etc… Professionals who have facilitated or participated in some Family Group Decision-Making meetings and Family Group Conferences know that the planning process can be more effective and lead to lasting and sometimes dramatic changes when family members are given control over their own plan.

Explain that Family Group Decision-Making is a practice in Pennsylvania designed to increase family participation in planning and intervention, especially when children are at risk for out of home placement, or when they have not been able to be successfully reunified with their family or kinship network. Through a special effort to engage the family, many children across the country have been successfully reunified or placement has been prevented. It is hoped that Pennsylvania will be able to use this planning intervention to provide safety, permanency, and well-being for many more children in the future.

Step 2: DVD
(10 minutes)

Explain that participants will watch a six minutes video called *Pathways to Permanence*. Instruct participants as they are watching it, to identify how the FSP process using FGDM is different than the traditional FSP process.

Show the **Video: Pathways to Permanence**.

Step 3: Large Group Discussion
(15 minutes)

Facilitate a discussion on some of the differences that participants noted between FSP process using FGDM and the traditional FSP process. These difference might include the following:

- FGDM is led by a facilitator or coordinator who is NOT the assigned case manager/caseworker.
- FGDM typically involves a variety of extended family members, sometimes relatives who have not seen or spoken to one another in years, but come together in the same place to try to provide a service plan for children in the family who are at risk for abuse or neglect.
- The child welfare professional prepares and presents the most important and urgent objectives identified in the Comprehensive Family Assessment. During the meeting, these items are identified as "bottom line concerns." It becomes the family's job in private time to develop the activities to help the family members meet the identified objectives.
- FGDM sessions can last for hours.
- FGDM sessions usually involve the recording of ideas and lists of resources or brainstorming on flip chart papers hung around the room.
- Typically, people sit in a large circle or around a large table.
- FGDM sessions often create plans that are very different from typical FSP's, with family members often volunteering to provide "services" or "interventions" to other family members—helping to clean up dirty houses, make needed repairs, install utilities, pay unpaid bills, arrange for necessary medical care, provide substitute/kinship care, etc.
- FGDM plans are often expressed in the family's language rather than in typical social work terms.
- The facilitator usually states the precise purposes of the conference and identifies the specific decisions that need to be made.
- The resource list is compiled by the family members in a brainstorming fashion. The list is often much larger and contains many more resources than any of the professionals have been able to identify in the family setting. The list may include both tangible and concrete resources as well as emotional strengths and knowledge or abilities.

Ask the group to discuss the importance of using both formal and informal resources and services. Ask for examples of each type of resource. Some examples of formal resources are the services typically arranged through other county or state agencies, such as:

- Mental Health;
- Drug & Alcohol Services;
- Mental Retardation Services;
- Food Stamps;
- Medical Assistance;
- Public Housing;
- Domestic Violence Services; and
- Job Training.

Some examples of informal services include:

- Pastoral care from a spiritual or religious leader
- Food from a community food bank
- Clothing from local thrift stores of civic/religious groups
- Parent's support group through the YWCA
- Parent to parent mentoring programs offered through civic groups
- Transportation through volunteers
- Gifts for children at the December holidays through civic groups
- Community recreation programs for children

Facilitate a discussion around involving extended family as a resource and ask the class to share ways that they have used extended families as resources in Family Service Plans. Some examples may include:

- Transportation;
- Child Care/Babysitting;
- Substitute Care;
- Help with clean-up; and
- Help with concrete needs, such as furniture or house repairs, etc.

Inform participants that they can learn more about Family Group Decision Making in the Pennsylvania Child Welfare Resource Center's training, *207: Introduction to Family Group Decision Making.*

Remind participants to use their **Idea Catchers** to note any new ideas that shouldn't get away.

Conclude by summarizing that families have succeeded for thousands of years by relying on their informal supports. Encourage participants to consider allowing their families to use these as tasks in their FSPs whenever appropriate to get buy-in to the plan and as a catalyst for internal change.

Remind participants to use their **Idea Catchers** to note any new ideas that shouldn't get away.

Module 6: Case Planning With Families

Section VII: Review of the Family Service Plan Document

Estimated Length of Time:
2 hours

Performance Objectives:
- ✓ Given the requirements for completion of an FSP, participants will complete an FSP using the appropriate Smith Family information.
- ✓ Given the Smith Family, participants will be able to identify 3 objectives that are specific, measurable, action-oriented, realistic, and time limited.
- ✓ Using their developed objectives for the Smith Family, participants will be able to identify a minimum of three measurable tasks that will, when completed by the family, meet the objective.
- ✓ Participants will be able to prioritize the objectives for the Smith Family by selecting appropriate beginning and end dates for related tasks.

Methods of Presentation:
Large Group Discussion, Lecture, Individual Activity, Small Group Activity, Large Group Activity

Materials Needed:
- ✓ Two Flip chart stands
- ✓ Two Blank flip chart pads
- ✓ Colored markers
- ✓ Masking tape
- ✓ Laptop/LCD projector
- ✓ Screen
- ✓ **Handout #13: FSP Goals (revisited)**
- ✓ **Handout #15: Family Service Plan (with extra copies of page 7)**
- ✓ **Handout #16: Smith Family Service Plan**
- ✓ **PowerPoint Slide #33: When a Child Remains in the Home**
- ✓ **Smith Family Folder**
- ✓ **Reference Book for Charting the Course towards Permanency for Children in Pennsylvania**

Section VII: Review of the Family Service Plan

Step 1: Lecture and Individual Activity
(15 minutes)

In the previous sections, participants learned how the FSP is connected to the findings in other important child welfare processes, such as Safety Assessment, Risk Assessment and other screenings and evaluations. Next they learned how to critically think through the findings and connect them into a Comprehensive Family Assessment. The Comprehensive Family Assessment informs the FSP goal, the goal informs the objectives and the objective informs the tasks/activities. In this section, participants are going to learn the next step in the FSP process; how to record the data on the Family Service Planning (FSP) document.

Determine how many participants completed the pre-work task of bringing in a copy of their Family Service Plan document they use at their agency. Explain that for the sake of this training, the State endorsed form will be used. However, encourage those with county–specific forms to compare and contrast the items from the State form with their form. Explain that they should be able to identify many similarities.

They will also take the information learned about Crystal Smith and her family from the Comprehensive Family Assessment Process to develop the Family Service Plan with the family.

Point out that at the present time, there is no statewide automated system that gathers the data fields for the FSP, although some counties have such systems in place at the local level. Therefore, participants complete FSP's in various ways. Some complete it by hand in the field and others completed it through electronic notebook technology in the field or through data entry in the office into a typewritten/computer format. It is important to know that a child welfare professional should never write up the FSP without previous discussion of its contents with the family. The critical learning in this section is that they know the data they must gather and how to document to complete the FSP.

Direct the participants' attention to the Family Service Plan section of the **Reference Book for Charting the Course towards Permanency for Children in Pennsylvania** and explain to participants that they should follow the step-by-step **FSP Instructions** located in the **Resource Manual Section FSP** while referring to **Handout #15 (Family Service Plan)** in order to understand what information they need to gather in order to facilitate the development of a FSP with the family.

Explain that Page 1 of **Handout #15 (Family Service Plan)** of the FSP is the cover sheet that includes the identifying information. The statement at the top of the Plan indicates the important information about:

1. The right to have family members, guardians, custodians and children participate in the development of the Plan.

2. The family members have specific legal rights to not sign the plan and to appeal the Plan if they have disagreements with the Plan. The full disclosure of rights is on a later page. This sentence identifies the rights at the outset of the process.
3. The duty of parents, guardians and custodians to notify the county agency within 24 hours when the child or family moves from one residence to another.
4. The request that the family notify the agency if they require accommodations to participate in the development of the plan as required by the Americans with Disability Act: visually, mobility, or hearing impaired.

Discuss the following: If the family's primary language is not English, the caseworker MUST follow their agency's procedures to assure that a competent translator is available to translate into a language the family will understand. The same is important if someone in the family is hearing impaired and needs a signer to translate the conversation about planning into American Sign Language. The caseworker should also be careful to assess the family members' literacy levels. If parents cannot read and comprehend the written word with ease, respectful strategies should be used to read the information contained in the FSP to those with reading comprehension difficulties. While this may take more time to complete, it will likely be more effective in assuring successful outcomes for the family and increased safety for the child(ren) than if reading problems are overlooked or ignored.

The identifying information at the beginning of the Plan includes:

- family name,
- case number,
- county name,
- date accepted for service,
- date of initial FSP/revision,
- a check box for whether it is the initial plan or the revision, and
- date of the next review (typically within 6 months of the date accepted for service).

After reviewing pages the first half of the first page of the FSP, have participants fill out this section of the FSP again using the Smith family information from the **Smith Family Folder**. Give them about two minutes to complete.

Step 2: Lecture, Individual Activity, and Large Group Discussion
(10 minutes)

Trainer Note: As part of Pre-work, participants were to review a completed FSP and answer several questions about its components.

Next, explain that now it is time to document the components that go into the Comprehensive Family Assessment. Further, explain that the middle of page 1 of the FSP addresses initial family strengths. It includes a listing of the identified family strengths or enhanced protective capacities, with a separate section for any additional strengths identified during the review period. Remind participants that they already

reviewed the strengths when they learned about the Comprehensive Family Assessment in Section III. Therefore, the group will not need to document the Initial Strengths section at this time, but this is where they would put the information in the FSP.

Sometimes, as child welfare professionals become more familiar with families, they can identify additional protective capacities and strengths. Also, as families progress through services, they may improve their previously diminished protective capacities and develop additional strengths that can be used as new resources for them.

Ask participants to refer to their **Pre-work**. Ask how many participants concluded that the FSP they reviewed had strengths, diminished/absent protective capacities clearly listed on the document.

This sub-section will remain the same for each time the case was accepted for service. Example: Case was accepted for service 01/01/2003, reviewed and revised on 07/01/2003 and 01/01/2004 at which time the case is closed.)

Discuss the following: The second page and each additional page have the identifying information at the top of the page in case pages should become separated.
This information includes:

- Date of Plan/revisions,
- Case number, and
- Family name.

The top of page two continues with the other Comprehensive Family Assessment information that summarizes the Initial Reason the Family was Accepted for Service. Participants should be able to recall them as follows:

- The family's situation and the causes of the situation;
- The situation's effects on children; and
- Concerns.

Explain that the group has already written the summaries that belong here. Therefore, the group will not rewrite them. This summary of the assessment findings ends with the recording of the initial level of risk and the date of that assessment. Emphasize to participants that even though subsequent assessments of risk may be lower or higher than the initial assessment, this information will not change during the life of the case. In this section record the level of risk determined in the first risk assessment after the reason accepted for service at the place labeled "initial level of risk." This is a place to record the level of risk determined during the full risk assessment completed during the initial contacts with the family and using the PA Model of Risk Assessment.

Discuss the following: The "Reason for Revision" section, including the level of risk, would be blank as this is not a revision. This section would only be used during

subsequent revisions of the Family Service Plan. Revisions to the FSP will be more fully discussed in Section IX.

Please remind participants that this is NOT a substitute for the Risk Assessment, which needs to be completed on the PA Model of Risk Assessment and filed in the case record. This is merely a place to record the assessed level of risk.

Ask participants to refer to their **Pre-work**. Ask how many participants were able to identify on the FSP an indicator that the case is of moderate or high risk. If they could not find it, inquire whether they asked their supervisor for assistance in finding it or clarification on why the case was opened when risk is not an issue.

After reviewing the second page of the FSP, have participants fill out the identifying information on top and the Initial Level of Risk section of the FSP again using the Smith family. Give them about two minutes to complete.

Engage the participants in a discussion about the Smith Family to ensure that they conclude that the initial level of overall risk as identified by the Smith Family Risk Assessment from Module 5 is moderate.

Step 3: Lecture and Individual Activity
(15 minutes)

Discuss the following: Page 3 of **Handout #15 (Family Service Plan)** records the identifying information connected with each child. Pennsylvania decided to track each child separately, since so many families include different constellations of parent-figures and children. Since each child has only one biological/legal “mother,” but may have several alleged fathers, the child’s name and a current address are listed first on the form (after the heading section that contains the information in the header that serves to keep all of the pages in the form linked together). The name should be listed in the same way it appears on the individual’s Social Security Card. The date of birth should also be verified through the Welfare Office, Social Security Card or passport, etc.

If a child does not have a Social Security card, it could mean that the parents have not secured it through neglect, ignorance, or because the child is not a legal resident of the United States. Care must be taken to assess whether a child is documented or not. Some agencies have specific staff that assists with this process; others expect direct service workers to handle these details. Suggest that participants discuss this with their supervisor to determine their agency’s policies and procedures about this matter.

Remind them that this seemingly unimportant check about Social Security registration and the legal parentage of each child can have significant impact on assuring safety. Many children are in the country illegally and being exploited. These checks can also have a later impact on permanency and well-being, should they be candidates for adoption. Not having accurate information about legal parentage delays the process of securing permanency. Often “intake” workers don’t feel their work is significantly

connected to permanency outcomes, but is the work completed with the family during intake has a great impact on permanency outcomes, especially when family members decide to sever their relationship with their child and/or the agency.

The address that should be used is the current address/location—not a mailing address of a post office box. If it is unknown, write "unknown" in the space. See page 10 of the instructions in the FSP Section of the **Reference Book for Charting the Course towards Permanency for Children in Pennsylvania.**

The mother's name will be either the birth mother or the adoptive/legal mother, if different from the birth mother. The mother's name will be listed even if deceased, with "deceased" listed in the address. If there is an adoptive/legal mother who is different from the birth mother, the birth mother's name and information, if available, should be listed in the section for "Individuals/Groups Significant to the Family."

Trainer Note: The FSP provides space for one legal/biological mother and several fathers. It would need to be altered if a child born to or adopted by same sex couples and the non-birth partner or both partners has legally adopted the child, there could be two legal mothers and no identified father, or two legal fathers and no identified biological/legal mother. Ask participants how their counties FSP list the biological/legal parents as some counties have not denoted a gender to be cultural sensitive to the diversity of family compositions.

All potential fathers' names will be listed in this section. The instructions on page 10 of the FSP Section of the **Reference Book for Charting the Course towards Permanency for Children in Pennsylvania** state that the undisputed biological father's name will be listed first, followed by the legal father's name, if different from the birth father. A legal father can be the man the mother was married to up to one year prior to the birth of the child or married to up to one year after the birth of the child. If a man has signed a "voluntary acknowledgement of paternity" or has been determined by the court to be the legal father, this name is listed as the legal father. Any men claiming to be the father of a child will be listed as "putative" fathers. This man's name may be on the birth certificate or not. "Step-fathers" are listed as household members in that section of the FSP and not listed here as fathers.

This section is required for each child in the family in order for the FSP to be considered complete.

Give participants about five minutes to fill in the Identifying Information section on page 3 for one of the Smith children they choose. Again, emphasize that in the field, they will need to complete this section for each child in the family. For the purposes of this activity, the address and phone numbers will not be filled out.

Trainer Note: For the purposes of this training Carley's father has been located, Christian's has not. Please note that the participants should be advised that because one of the father's names and whereabouts are unknown at this time does not absolve

the caseworker of his/her duty to continue to seek out the father's names and whereabouts.

Ask participants what information they recorded for the Smith family. On page 3 of the Family Service Plan, participants should have filled out the following identifying information for the family:

The children are Carley and Christian Smith

- ✓ Mother is Crystal Smith
- ✓ Father James Webster-he would be listed as the biological father for Carley Smith
- ✓ Father: Unknown for Christian

Step 4: Lecture and Individual Activity
(5 minutes)

The Other Caregivers/Principal Caregiver if Child Not with Parent section may or may not be relevant. If not relevant, check the box marked "N/A" for "not applicable." If there are people who are serving as primary caregivers, other than the parent, they will be listed here.

This may include foster parents or kinship parents or someone with legal custody or guardianship or someone functioning as the child's parent. If a person is providing some care for the child, but not full care; their name would be listed in "Individuals/Groups Significant to the Family" and not listed here.

The relationship to the child records the term used to describe this adult, such as: "godparent," "foster parent," maternal uncle, etc. Whether or not the person has legal custody is indicated by a checkmark in the box. The date of the custody order is listed in the space provided. It is best practice to verify all custody orders and to obtain copies of them in the record.

Next ask participants who they would list on page 4 of the FSP under **Other Caregiver(s) Principal Caregiver if Child not with Parent** participants should list the following person:

- ✓ Colin Levitt, Crystal's live-in paramour. He plays a co-parenting role to the children. He does not have legal custody of the children so that box would be left blank.

Trainer Note: Participants may ask questions about where to list Colin Levitt on the FSP. Given that he is considered to be a primary caregiver in Module 4 and Module 5 and in need of services he needs to be included in the FSP; however, where he is actually listed in the documentation may vary from county to county. On the statewide tool, the most logical location would be in the Caregiver section. Therefore, for the purposes of this training, Colin will be listed as a caregiver, as opposed to a household member. However, listing Colin as a household member is also acceptable. Trainer should be prepared for discussions around this topic. Trainer should encourage participants to discuss their county specific practice related to this topic.

Trainer Note: Participants may ask why Sheila Smith is not listed as another caregiver since she is providing full time care to the Smith children as outlined in the safety plan. This section is reserved for formalized caretaking arrangements, typically in guardianship or dependency situations where the caretaker acts in the capacity of the parent.

Give participants about two minutes to fill in this section.

Step 5: Lecture and Individual Activity
(5 minutes)

The next section of the FSP is where the Goal or Permanency Goal is documented. If the child is going to remain in the home, the first statement, Child remains in the home, block is checked. When this block is checked, the child welfare professional must check one of the boxes listed under it to more fully describe the child's situation.

Show **PowerPoint Slide #33 (When a Child Remains in the Home)** and discuss its contents.

Explain that only one of the following three boxes should be checked.

1. The child is not at imminent risk of placement.
2. The child is at imminent risk of removal from his/her home. Absent effective preventive services, foster care is the planned placement for the child.

The following is an excerpt from the Federal Child Welfare Policy and Procedures Manual which provides further clarity on determinations related to imminent risk of removal.

Imminent Risk – A child is determined to be at imminent risk of foster care placement when the responsible agency is either pursuing or making reasonable efforts to prevent the placement. A child cannot be considered a candidate for foster care when the responsible agency has no formal involvement with the child or simply because s/he has been described as "at risk" due to circumstances such as social/interpersonal problems or a dysfunctional home environment. Imminent risk determinations are related to the current situation of the child and therefore, a child may change from a candidate to a non-candidate. If a child is

determined to be in candidacy status for a period longer than six months, there must be documentation justifying why the child continues to be considered at imminent risk of placement. It is likely that a child in this situation would be considered Safe in the Home with a Comprehensive Safety Plan.

It is possible that the family may be accepted for services and require a FSP and not have a Safety Plan. An example of this would be if an identified concern does not meet the safety threshold (SOOVI), but is a moderate or high risk factor that requires services to mitigate the risk of future harm to the child.

3. Absent effective preventive services provided for in this service plan, placement outside of the home other than in foster care is the planned placement for the child.

This option would include such placements as a hospitalization, mental health or mental retardation placement facility, or a drug and alcohol rehabilitation facility.

If the child entered substitute care, another goal will be checked. Refer participants to **Handout #13 (FSP Goals) (revisited)**. Explain that managing cases for children in substitute care will be discussed in detail in *Module 9: Out-of-Home Placement and Permanency Planning.*

Give participants one minute to check the correct boxes in this section.

Engage participants in a discussion to ensure that on page 4 of the FSP under Permanency Goal, participants filled out the following information.

The goal for the children is:

X Child remains in the home.

X Child is at imminent risk of removal from his/her home. Absent effective preventive services, foster care is the planned placement for the child. Foster care is defined as foster family homes, kinship foster homes, group homes, emergency shelters, residential facilities, child-care institutions, and pre-adoptive homes.

Trainer Note: Some participants are going to have a hard time with checking this box due to their own county policy. Some counties allow children to be placed with relatives informally while other counties do not allow any informal placements. For the purposes of this training the children are staying with their maternal grandmother informally. Mother agreed to this on the safety plan.

Step 6: Lecture, Individual Activity and Large Group Discussion
(5 minutes)

Discuss the following: Page 5 of **Handout #15 (Family Service Plan)** provides space to list other household members not previously listed as children in the family, as parents, or as caregivers.

This section may not be needed with every case. For children in placement, this section will include all individuals who are not parents or children to the family receiving services, but who reside in the same residence as the individuals identified as the primary return resource for the child in placement. This information includes names, addresses, phone numbers, relationship, and gender. When child welfare professionals are working with a family, it is critical that they gather demographic information on all parties involved in the care taking of the child(ren).

Ask participants who they would list here for the Smith family. Based on the previous discussion regarding “other caregivers”, participants may conclude that this section should be left blank or possibly that it should be completed to list Colin Levitt.

Trainer Note: It is acceptable to list Colin Levitt as a household member or as a caregiver. However, ensure that participants list him somewhere on the FSP and that they recognize that he is in need of services. As mentioned previously, since county practices vary, encourage participants to ask their supervisor where an individual such as Colin Levitt should be listed in a Family Service Plan in their county.

Step 7: Lecture, Individual Activity and Large Group Discussion
(5 minutes)

Discuss the following: Page 6 of **Handout #15 (Family Service Plan)** can become a very important place to record contact information for individuals and groups who may be significant resources for families, including placements for children should they not be able to be maintained safely in their own home. When these significant resources are used for placement, this type of placement is known as “kinship care/” The information gathered during the initial intake and service planning interviews are recorded here in the plan. This may provide important information for the caseworker to use in safety planning during emergency situations later in the case should out-of-home care be required. Tell participants about the value of having a discussion with the family early in the safety assessment and service planning process about the use of kinship resources to support them in assuring their child’s safety and in the accomplishment of their FSP objectives and tasks, as well as using them for placement resources. As time allows, encourage participants to use their tuning in to self-skills to explore their own values about the use of kinship resources. Encourage them to discuss this topic with their supervisor to learn more about how their agency typically involves kin.

This section may include neighbors, school personnel, law enforcement professionals, civic leaders, religious or spiritual leaders, and specific adults the family identifies as important to them as a family. The worker is expected to allow the family to take the lead in making this identification and to respect the designations the family makes about the level of importance and who will be listed here.

It is important that anyone who is part of Safety Planning be included on the FSP.

When working with a family, it is critical that the child welfare professional gather the information on all service providers.

After reviewing page 6, of the FSP, give participants about five minutes to fill out this section of the FSP again using the Smith family. Ask participants who they documented as Individuals Significant to the Family.

Participants should be able to identify the following people for this section of the FSP:

- ✓ Sheila Smith.
- ✓ Pastor Michael Scott.
- ✓ Parenting program.
- ✓ Clint Nail, drug and alcohol provider.
- ✓ Brightside church daycare and afterschool program.
- ✓ Uncle Brian Smith.
- ✓ Any other relatives Crystal will give information about that she feels could support the family.

Step 8: Lecture, Individual Activity, Small Group Activity
(40 minutes)

Page 7 in the FSP is called the Service Plan and it involves documenting the objectives and tasks related to the Concerns on the Comprehensive Family Assessment that have been agreed upon between the child welfare professional and the family. Participants have already learned in Section IV how to develop objectives and tasks from the Comprehensive Family Assessment. Explain how the tasks and objectives are documented on the form. The person who is responsible for completing the task is identified in the “Who” column. The next column “Will Do What Task” is where the task is identified. The “By When” column is the deadline for task completion. The deadline will be informed by how the related needs were prioritized. The “How This Task is Measured” column will indicates what data will be gathered to determine if the task has been completed. The “Date Started” and “Date Completed” columns would be used at the first review of the plan unless the family started (and finished) a task before it was included in the Plan. Then those dates would be used.

Ask participants to refer to their **Pre-work**. Ask how many participants concluded that the FSP they reviewed had objectives that were measurable and time limited tasks where individuals assigned were clearly identified. Ask for a couple of volunteers to explain why the objective was measureable. Solicit feedback from the group if there is not a consensus that the objectives and tasks meet the criteria.

Distribute two copies of page 7 from **Handout #15 (Service Plan)** to each participant to supplement their **Handout #15 (Family Service Plan)**. Instruct participants to individually develop at least three objectives and a set of at least three corresponding tasks for each objective for the Smith Family and document them on their Service Plan pages. Instruct participants to refer back to the flip charts that are still posted from Section III: Comprehensive Family Assessment. Have participants write their objectives

and related concerns at the top of each of the three Service Plan sheets. For each respective task, participants are to identify the following items that are on the Service Plan Section:

- Who;
- Will do What Task;
- By When; and
- How this Task is Measured.

Emphasize that it is important that each issue is not listed as a separate objective, that they can be combined to achieve the desired outcome of child safety, permanency, and well-being. Remind participants to prioritize their objectives as according to importance and urgency as they plan the "By When" column. If groups want to develop more than three objectives, offer additional Service Plan forms (**Handout #15**, **Family Service Plan, page 7).**

Give participants 15 minutes to complete their objectives and tasks. Circulate around the room offering help when needed. After 15 minutes ask participants to choose a partner. Instruct them to discuss and compare their Service Plans with each other for about 10 minutes. Ask partners to critique each other's work, making suggestions for revisions as needed. When participants are completed, distribute **Handout #16 (Smith Family Service Plan).**

If there have been questions about how to record this information on the FSP, refer participants back to **Handout #16 (Smith Family Service Plan)** to show what this section could look like in its completed format.

Ask participants to review their Smith family FSP to see if all of the concerns identified in the Comprehensive Family Assessment (safety threats, diminished protective capacities, risk factors rated as moderate or high level of risk, and well-being needs) have been addressed in these objectives and task lists.

Step 9: Lecture
(5 minutes)

Discuss the following: Page 8 of **Handout #15 (Family Service Plan)** includes the legal notice that is required to be shown to parents in order to inform them of their legal right to appeal a Family Service Plan that they oppose.

The caseworker is required to enter the contact information in the lower left corner section for securing an attorney to represent the family if the family requests one and cannot afford it through their own resources. In many counties, there are legal aid agencies appointed by the court to provide these services.

Best practice suggests that the caseworker read this aloud to the parent(s) in case the parent has limited vision or reading comprehension or literacy skills. The goal is not to offend or irritate the parents, but to assure that they understand the information. One

possible strategy to use here is to ask if the parent wants the child welfare professional to read it aloud as he/she follows along. If he/she declines, ask them to read the section silently and to paraphrase the information. This is an opportunity to use "reaching for feedback skills" by asking one or more of these questions:

- How would you contact an attorney if you could not afford one?
- Where on this page do you see the contact information for our county's legal services office?
- How would you go about filing an appeal of your service plan?
- Who could you get to help you to prepare your written appeal?
- How many days do you have to file a written appeal?

Trainer Note: Ensure that participants have an understanding that parents have the right to appeal the FSP.

Ask for any questions of this page of the FSP before moving to the next section of the FSP.

Step 10: Lecture
(5 minutes)

Discuss the following: Page 9 of **Handout #15 (Family Service Plan)** is an optional section involving Family Group Decision Making (FGDM)/Family Group Conferencing (FGC). This section is a supplement to the FSP and is to be utilized by those counties offering the family engagement models of FGDM and FGC.

The decision of the referring worker is a check-off box to indicate whether the worker accepted the family's proposed plan or not.

The "persons who attended" list should include only those people who actually attended, with the "persons invited" who did not attend being listed below. The check-off box provides space to indicate whether or not those who did not attend provided information for the discussion.

The final section allows the facilitator to record comments either in narrative form or as a bulleted list. Some facilitator's record lengthy comments and others are fairly brief in what they write.

This 2-page section can also be used to record results of Family Group Conferencing or any other form of family engagement for service planning purposes.

Step 11: Lecture
(5 minutes)

The top of page 11 provides a place to document the names and phone numbers of individuals and contact information that contributed to the FSP development. In addition, space is provided to indicate the date and method of the invitation to participate, as well

as the date and method of the actual participation. The following abbreviations should be used:

- IPC: In person-contact.
- WC: Written communication.
- TC: Telephone call.

In the middle of page 11 of the FSP is where service plan signatures are obtained. Signing the plan indicates agreement with it. Child welfare professionals need to be clear with parents as to what their signature means. If family members disagree with the plan, they are not required to sign it; however, their refusal to sign does not nullify or make the Plan void or invalid. If someone refuses to sign, there is a place to record their refusal by a check-off box.

Trainer Note: In the PA Standard FSP, a signature constitutes agreement with the plan. Child welfare professionals should be encouraged to emphasize this with the family. If the family does not agree with the plan, they have the legal right to appeal the plan. However, the child welfare professional needs to use Tuning in to Others skills to identify what the resistance is, and attempt to resolve the issues in a way that will protect the child(ren)'s safety, but also address the family's concerns. Our goal is to resolve these issues while assuring safety and permanency by effectively engaging the family through our use of the helping skills so that very few appeals are necessary. Parents, guardians or legal custodians, children 14 years of age and older, the agency and supervisor, and the individuals who participate in the development of the plan need to sign the plan.

The Comments section is available to record any comments about the planning process that have not been captured anywhere else. This can include a narrative for the family on what has been accomplished. Both the caseworker and the supervisor are expected to type/print their name(s) and then to sign the Plan with their legal signature.

Ask participants to record Smith family information available for this page, with the exception of signatures.

Participants should be able to identify the following people for this section of the FSP:

- ✓ Pastor Michael Scott
- ✓ Clint Nail, drug and alcohol provider
- ✓ Uncle, Brian Smith

Step 12: Lecture
(5 minutes)

Discuss the following: The focus of this section has been to introduce participants to the format of the PA Standard Family Service Plan as a standardized way to document the plan for service delivery that is developed with the family, in this case, the Smith's. While many agencies will continue to use their own formats of FSPs until the

Commonwealth requires the use of this standardized format, the form was developed to foster best practice principles of engaging family members in service planning.

Ask participants what questions they have about using this standardized format, their own agency formats or conducting service planning with the family. The trainer might want to pass around several index cards and ask each participant to record a question on one side of the card that still needs clarification in their minds and a comment or statement about what they will try to remember when planning with families. The cards can be passed to the trainer who can shuffle them and return them to the participants in random order. Each participant can be asked to read either the question or the comment. If a question is read, that participant can attempt to offer an answer or ask for assistance from the group and/or the trainer(s). If there is no comment or the participant prefers, he/she may elect to read the comment for everyone to hear. This will serve as a review of the concepts about service planning and present a chance to clarify any confusion and to answer any remaining questions.

With the large group, briefly review the sections of the FSP that need to be completed when a plan is reviewed.

- ✓ Page 1: Check “Revised Plan”
- ✓ Page 1: Enter “Date of Next Plan Review”
- ✓ Page 1: Protective Capacities and Strengths Identified During Review
- ✓ Page 2: Enter “Reason for Revision”
- ✓ Page 2: Update “Current Level of Risk”
- ✓ Page 3: Check for accuracy and need to revise “Identifying Information”
- ✓ Page 4: Check for need to update section, including Permanency Goal
- ✓ Page 5 & 6: Add and update any information about household members and significant individuals
- ✓ Page 7: Service Plan:
  - Assess progress on tasks
  - Record “Date Started”
  - Record “Date Completed”
  - Record “Comments” about progress and changes
  - Add additional tasks as needed
  - Add additional objectives with tasks needed for completion, etc.
- ✓ Page 8: Probably no changes will be needed here (Notice of Right to Appeal)
- ✓ Page 9: If done in a Family Group Decision-Making Conference format, complete this section with new information
- ✓ Page 11: Update “Participants” list and get new signatures for the review

The trainer can close this section by asking if there are any questions about documenting any portions of the FSP. Remind participants to use their **Idea Catchers** to note any new ideas that shouldn’t get away.

Module 6: Case Planning With Families

Section VIII: Making Referrals and Coordinating Services

Estimated Length of Time:
1 hour 5 minutes

Performance Objectives:
- ✓ Given the case scenarios, participants will be able to list the information that will be shared with the referral source.
- ✓ Given the case scenarios, participants will be able to list the information that cannot be shared with the referral source.

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Methods of Presentation:
Lecture, Small Group Activity, Large Group Discussion

Materials Needed:
- ✓ 2 flip chart stands
- ✓ 2 flip chart pads
- ✓ Colored markers
- ✓ Masking tape
- ✓ Laptop/LCD projector
- ✓ Screen
- ✓ **Handout #17: Standard Information Needed when Making a Referral**
- ✓ **Handout #18: Confidentiality Laws and Regulations**
- ✓ **Handout #19: Case Examples**
- ✓ **PowerPoint Slide #34: Activity Instructions**
- ✓ **Reference Book for Charting the Course towards Permanency for Children in Pennsylvania**

Section VIII: Making Referrals and Coordinating Services

Step 1: Lecture, Large Group Discussion
(10 minutes)

The completion of the FSP document signals the beginning of the next phase in the casework process, which is implementation, otherwise known as service delivery. Refer participants back to the **Phases of Casework Practice: Navigational Guide** on their name tents and ask them to locate the "Implement Plan" block. Now that the appropriate services have been identified, it is the child welfare professional's responsibility to facilitate the completion of tasks that have been outlined in the FSP. In most cases, this involves making referrals to other public and private community agencies. In this section, participants will learn the basics of communicating with service providers regarding their role in assisting the family to meet their objectives.

Explain that it is easier for a child welfare professional to manage a case when they partner with service providers that are going to work with a family. Most providers appreciate being provided up front with family background information. They need the agency's expectations at the time of the referral, rather than after, the provider and family have worked to develop their own treatment plan. Ask participants to identify the items of information that they believe should be included in a referral. Use a flip chart to record this list:

- Family name
- Reason for referral – clear statement regarding the safety threats, risk and/or diminished caregiver protective capacities, well-being and permanency needs as applicable
- Composition of the family
- Contact Information (address, phone numbers, directions to the home, if home-based services, etc.)
- Desired outcome(s)
- What has to change behaviorally?
- How the child welfare professional will determine if the service is successful
- History of agency involvement
- Consent to Release/Exchange Information
- Determination of eligibility
- Payment information
- A copy of the Safety Plan, Family Service Plan and/or Child Permanency Plan showing the service provider's role and responsibilities, as well as the other service providers with which they may need to collaborate
- Requested frequency or contact with client
- Reporting expectations:
    - Frequency (weekly, monthly etc.)
    - Medium of communication with child welfare professional (written reports, phone calls, face-to-face meetings)

        - Quality of reports (attendance, findings of evaluations, specific behavioral changes, attitude, insight, increased protective capacities, effect on children, etc.)
    - Court requirements

Refer participants to **Handout #17 (Standard Information Needed When Making a Referral)** which summarizes the above information. Explain that most service providers will require a standard set of information for their own internal referral process that may or may not include everything on the list. The list on the handout includes the information that child welfare professionals will need to successfully manage a case. Therefore, suggest that participants refer to this handout when making referrals to providers.

Remind participants to be mindful of the Interactional Skills of: Tuning into Self; Tuning into Others; Clarifying Purpose, Function and Role; Reaching for Feedback; Dealing with Issues of Authority; Questioning; Reaching Inside Silences; Communicating Information; and Summarizing while making referrals.

Step 2: Lecture, Large Group Discussion
(15 minutes)

Part of best practice is preserving a person's dignity, including maintaining confidentiality. In making referrals, it is important to remember that information about families is private and should be kept confidential. Service providers are also bound by federal and state laws regarding confidentiality. Reminding providers about the confidentiality nature of the reports being shared with them can help to build strong working relationships with community agencies.

Remind participants that referrals (which include confidential information) can also be made to other community services, even if there is no need for ongoing agency services.

Note that, in circumstances not related to child abuse, certain confidentiality laws and regulations may dictate what other service providers can release as well. For example, the ***Health Insurance Portability and Accountability Act of 1996 (HIPAA)***, which prohibits the sharing of protected health information about a patient either electronically or verbally without the written permission of the patient related to the past, present, or future physical or mental health or condition of the individual and the provision of health care to an individual.

Regulations may reinforce these confidentiality guidelines, as listed on **Handout #18 (Confidentiality Laws and Regulations)**. For instance:

- Authorized persons providing services by referral can receive child abuse information (Section 3490.91 (a) (1) of the Protective Services Regulations).

- ...another county agency and other providers of services, limited to information needed by the service provider to carry out its responsibilities, including part or all of the case record (Section 3130.44 (c) of the Administration and Fiscal Management Regulations).

Trainer Note: See the following cite from the CPSL:
§6334 (b) Referral for services or investigation
If the complaint received does not suggest suspected child abuse but does suggest a need for social services or other services, the department shall transmit the information to the county agency or other public agency for appropriate action.

Ask participants, "How much information can you share with friends, neighbors, and extended family?" If not offered by participants, review the following:

- Confidentiality laws prevent child welfare professionals from sharing information about a client family with the family's friends, neighbors or family members.

- In order for child welfare professionals to enlist the aid of family members, friends or neighbors to lend supportive services to a client family, the worker must have the client family's permission to do so.

Ask participants, "Given the confidentiality laws, how does one engage family or friends in providing supportive services to a family?" If not offered by participants, review the following:

- Best practice would dictate that the child welfare professional meet with the family ahead of time and agree on what necessary information can be shared. Perhaps an adult member of the client family can be present when the case is discussed with the supportive neighbor, friend, or family member.
- Child welfare professionals should always carry Consent to Release Confidential Information forms (Consent). When planning a referral to an outside agency, ask the client to sign a Consent to give permission for the agency to release confidential information to the provider agency. Some Consent forms give permission for two outside parties to engage in two-way communication about a family. If the form does not specifically state that the two parties can *give* and *receive* specific confidential information, then an additional Consent should be filled out and signed. This extra step is necessary to ensure that the provider agency can release progress reports back to the child welfare agency. A good rule of thumb is to err on the side of caution. Whenever in doubt about the legalities around releasing information, always have the client sign a Consent to Release Confidential Information.

Explain that many agencies have their own intake requirements and dictate the kind of information required to consider a family for service delivery. Others expect the referring agency to disclose as much information as they have; allowing the private service delivery agency to decide what information is useful to retain and to use. It is critical that in all instances confidentiality is maintained.

Reinforce that participants should speak with their supervisor and become familiar with their agency's policies and procedures, inter-agency agreements and multi-disciplinary team practices prior to releasing any information about families.

Step 3: Small Group Activity, Large Group Discussion
(35 minutes)

Trainer Note: Post four pieces of flip chart paper around the room, each one with the name of a different family: “Jones,” “Simpka,” “Juarez,” and “Olum.” These family names correspond to the same scenarios used in *Module 3: Using Interactional Helping Skills to Achieve Lasting Change.*

Advise participants that they have now looked at many of the components related to making a referral so they will now be given an opportunity to practice making a referral. Divide participants into four groups and assign each group one of the four families from **Handout #19 (Case Examples)**. Instruct participants to gather with their small group around their respective flip charts. Provide each group with markers. Ask participants to take 5 minutes to read their assigned family information.

Display **PowerPoint Slide #34 (Activity Instructions)** and inform the groups that they are to follow these directions:

1) Identify a recorder and group spokesperson;
2) Review the case information;
3) List the information to share with the referral source;
4) List the information that cannot be shared with service provider; and
5) Discuss what they are going to tell the individual/family about the referral, including specifically how the referral may assist them in assuring child safety and well-being and enhancing their protective capacities.

As they discuss their referrals, encourage participants to review **Handout #18 (Confidentiality Laws and Regulations)** and the designated sections in the *Charting the Course Resource Manual* regarding confidentiality issues.

Trainer Note: Refer participants back to **Handout #17 (Standard Information When Making a Referral)** as a guide.

After about 10 minutes, bring the large group back together, ask each small group to post their paper(s) and have each group report out their answers to items 3-4. Allot the group/groups for each scenario to take approximately 5 minutes to report on their information, allowing time at the end to review confidentiality-related questions (below) as well as other questions/comments. As part of the processing out, have them make recommendations on how they would help the family maintain the connection with the identified service (*e.g.,* provide them with a calendar, on which to mark the appointments).

Trainer Note: If there are more than 7 people in each group, split each group in half (i.e., have two groups for each scenario). During the large group report-out, have the groups with the same scenario alternate giving answers, with opportunity for each group to add additional information at the end.

Ensure that the reports outs include the following information:

Jones Family: Referral to Parenting Group with no CYS services

Information they are going to share with the parenting program;
- Biographical data on the family: names, ages, address, etc.
- Presenting problem: Single mom with 3 pre-school children; children out of control; mom's feeling of hopelessness; and inability to control the children's behavior.
- The worker's observations of the children's behaviors.

Information they cannot share:
- The former heroin addiction or the HIV positive status of the mother.

Information still needed:
- Mary told the CYS worker that she was HIV positive, but did not as yet have full-blown AIDS. The caseworker did not obtain information whether the mother needs or is receiving treatment/services for HIV.

Simpka Family: Referral for teen Mental Health counseling
What information can the caseworker share with the staff of the Mental Health program?

- All of the information in the scenario can be shared with the assessment staff of the mental health program. In order for a complete and accurate mental health assessment to be done, the assessor must have as much history and current information as the CYS worker can provide.

Juarez Family: Referral for Drug & Alcohol Assessment
What information can the caseworker share with the staff of the D&A program?

- Biographical data on the family, such as names, ages, address.
- The presenting problem: CYS had observed the results of mother's excessive drinking on 2 occasions: once last spring when she left the children home alone all night and once in January when she went on a rampage in her home and was arrested for assaulting her date.
- The assessment was ordered by the court.

Information that cannot be shared:
- That the mother was raped when she was 17; that she had been sexually abused as a child or that Freda Juarez is a recovering alcoholic; however, the mother may bring out these facts during the D&A assessment.

Olum Family:
What information can the caseworker share with the afterschool program?

- Biographical data on the family: names, ages, address and tribal affiliation.
- The presenting problem: supervision of the child by a single parent working 2 jobs.
- Other potentially related concerns: child nutrition, basic needs and social skills.

Information that cannot be shared:

- Unsubstantiated pattern of unexplained injuries.

Step 4: Lecture
(5 minutes)

Point out that through effective communication and collaboration, child welfare professionals can address the CFSR Outcomes of safety, permanency, and well-being by protecting children from abuse and neglect and by seeing that children receive services that meet their identified needs.

Remind participants to use their **Idea Catchers** to note any new ideas that shouldn't get away.

Module 6: Case Planning With Families

Section IX: Family Service Plan Reviews

Estimated Length of Time:
1 hour 5 minutes

Performance Objectives:
- ✓ Given a sample scenario, participants will demonstrate during a role play, the skill of Summarizing and Identifying Next Steps during the course of a FSP review.

Methods of Presentation:
Lecture, Small Group Activity, Large Group Discussion, Role Play

Materials Needed:
- ✓ Two Flip chart stands
- ✓ Two Blank flip chart pads
- ✓ Colored markers
- ✓ Masking tape
- ✓ Laptop/LCD projector
- ✓ Screen
- ✓ **Handout #15: Family Services Plan (revisited)**
- ✓ **Handout #20: Family Service Plan Review Requirements**
- ✓ **Handout #21: Assessing Progress of Family Service Plans**
- ✓ **Handout #22: Summarizing and Identifying Next Steps**
- ✓ **Handout #23: FSP Reviews**
- ✓ **Handout #24: Observation Checklist of Summarization**
- ✓ **PowerPoint Slide #35: Instructions for FSP Review Activity**
- ✓ **Reference Book for Charting the Course towards Permanency for Children in Pennsylvania**

Section IX: Family Service Plan Reviews

Step 1: Lecture, Large Group Discussion
(10 Minutes)

Once referrals are made, families can begin to receive services. Child welfare professionals must know how to monitor and evaluate a family's progress on their FSP. Refer participants to the **Phases of Casework Practice: Navigational Guide** on their name tents. Ask the question: *What Phase of Casework Practice comes after Implement Plan?* Participants should be able to answer "Review, Revise and Implement." Ask participants how many of them have completed an FSP review and ask them to explain to the class what it is, how often it is done and any other comments about it.

Although a family's progress on FSP objectives and tasks should be discussed routinely during home visits, a formal review is required to be held at a minimum of every six months. However, some agencies find that shorter intervals between FSP reviews work better. Therefore, some agencies review them every three months. At this time, if objectives are not met, typically the case stays open, changes to the FSP are agreed upon, documented, and implemented again. If objectives are met, typically, the case will close.

In addition, FSPs need to be reviewed and updated when a family's circumstance changes. Ask participants to list several examples of changing circumstances, which indicate the need for a revised FSP and explain how the circumstances could impact the needs of the family. Document these circumstances on flip chart. These would include:

- Birth of a new child;
- Change of location/address;
- Addition/Deletion of an adult to the household (such as parent's paramour);
- Loss of job/becoming employed after unemployment;
- Discovery of a "new" condition or issue (drug use/abuse, mental illness, domestic violence, etc.);
- Loss of transportation/addition of transportation;
- Criminal justice involvement (arrest/imprisonment, etc.);
- Change in placement of child;
- Discovery of maltreatment to the child that is not already addressed on the FSP; and
- Family develops a plan at a FGC; this is based on best practice not a mandate.

Distribute **Handout #20 (Family Service Planning Review Requirements)** and discuss. These requirements come from a blending of the §3130.63 C&Y Regulations (Review of Family Service Plans), the Adoption and Safe Families Act, and best practice standards in Pennsylvania. Ask participants to review the existing regulations

with their supervisors and identify any differences between agency practices and what is presented in training. Remind them to follow their supervisors' directions and guidance whenever there is a difference between stated best practice guidelines and agency procedures.

Thinking back to the referral information that was discussed earlier in this module, two of the most important information conveyed to both the family members and the service providers were 1) what has to change behaviorally (FSP objectives) and 2) the reporting expectations (how progress will be measured). Reinforce the important concepts of ongoing communication, collaboration and networking with the family as well as with service providers in order to do this well.

Discuss the following: Just as the development of the FSP is a process that is to be completed with the family, the review of the Plan is to be completed in discussion with the family, summarizing the progress made since the Plan was developed (or the previous review was recorded.) The Safety Assessment and Management Process requires that a new Safety Assessment be completed within 3 business days of the identification of additional evidence, circumstances, or information that suggests a change in the child's safety. Note: a change in safety refers to a positive or negative change to Safety Threats and/or the Safety Decision. Progress reports from service providers, home visits and kin will help inform the Safety Assessment and Risk Assessment. The findings of the Safety Assessment inform the placement decision. The findings of the Safety Assessment and Risk Assessment and any other screenings, assessments, and evaluations will be used to inform the decision to close or keep the case open. If it is decided to keep the case open, a new Comprehensive Family Assessment is completed which in turn informs new FSP goals, objectives and tasks.

Trainer Note: As part of Pre-work, participants were to review a completed FSP Review and answer questions about its components.

Ask participants who was able to complete the portion of their Pre-work that required them to review a completed FSP Review.

Ask participants to locate **Handout #15 (Family Services Plan) (revisited)**. Ask them to locate the first place on the Family Service Plan document where there is a place for information to be recorded during the Review. It is just prior to the Strengths section on page 1; "Revised Plan" is a check-off box to show that this is a review.
The next section that records changes is the "Other Strengths Identified during the Review" at the bottom of the first page. As mentioned before, this is where the worker would record any enhanced protective capacities and strengths that are newly identified, or those that have improved or developed during the intervention.

The next review section occurs on the second page and is called, "Reason for Revision." This section includes space for recording information about the reason for revision: In addition to identifying the reason for the revision, the section also requires the information to support the updated Comprehensive Family Assessment:

- Description of the family's situation and causes
- Effects of the children
- Concerns
- Current Level of Risk

Some of the reasons that might be recorded here are:

- Required regulatory revision;
- Change in the family situation (such as newly identified safety threat, a move to a new home, change in household members, change in employment status that affects the family stability, etc.);
- Considering case closure;
- Supervisory request; and
- Change in the level of service.

Remind participants that they already learned the process for developing statements to support the Comprehensive Family Assessment. Therefore, the group will not go into details again about how to write these statements.

What is different about FSP Reviews is that the child welfare professional and the family get to measure change in behavior over time. Distribute **Handout #21 (Assessing Progress of Family Service Plans)** and ask them to review this information, comparing it with their limited experience with case reviews. Explain that one of the most important Interactional Skill used at the time of the FSP review is Summarizing and Identification of Next Steps. Ask the following questions:

- Do you think that using any or all of the graphs or charts would be helpful to engage the family in discussion at the time of an FSP review?
- If so, how?
- If not, how come? How would you summarize their progress?

Ask those participants that completed Pre-work, how many of their FSP Reviews identified their families making progress. Ask why or why not? Ask them if the progress or lack of progress was related to an increase or decrease in protective capacities and whether it was clearly documented.

Step 2: Large Group Discussion
(10 Minutes)

Ask the group to think about the Smith family. What information would they like to obtain from the family and others working with the family?

Using a round robin format, go around the room and have them share their responses in the large group. Record their responses on the flip chart. If not offered by the group, note the following:

-Drug and Alcohol reports;

-Urine screens;
-Documentation of home visits with Crystal, Colin, Carley, and Christian;
-Collateral calls and home visits with Carley's dad Michael;
-Review of most recent safety assessment; and information about child's safety documented in structured case notes for each contact with the child and family
-Reports from Colin's parenting coach;
-Reports from Crystal and Colin's parenting instructor;
-Reports or collateral calls from the pastor;
-Collateral calls with the maternal grandmother; and
-Collateral calls with the maternal uncle.

The review needs to identify any changes in the initial diminished and absent protective capacities, risk factors, and how the well-being needs of the child are being met. Any new identified strengths also need to be addressed.

Step 3: Lecture
(10 minutes)

Tell participants that the casework engagement skill that is useful during the FSP Review process is a combined skill of Summarization and Identifying Next Steps. Distribute **Handout #22 (Summarizing and Identifying Next Steps)** and read the definition of the skill, Summarizing and Identifying Next Steps. Answer any questions they have about the definition and the specific steps in using the skill. Explain that this skill involves reviewing important information or clarifying issues about the casework process (including mutual expectations, goals and services, legal issues, timelines, court processes) and next steps, while giving others the opportunity to ask questions and express feelings. The steps are as follows:

(1) Be specific, clear, and to-the-point when reviewing the main themes of the meeting.
(2) Ask the client if he/she has any questions or strong feelings about these themes.
(3) Articulate the next steps and times to be taken by both the worker and client.
(4) End the encounter by asking the client if he/she understands and agrees with the next steps.

Point out that this is a skill that can be used in a variety of ways at a variety of different points in casework. It can be used at the end of a phase of an interview to review what has been discussed about a specific topic. It can also be used at the end of the interview to summarize the entire interview and to identify the next steps that the worker will take and the next steps that family member(s) is/are expected to take prior to the next interview. It can also be used at the end of any one of the steps in the casework process to review the important information gleaned during the interactions of that step and to briefly announce what will happen in the next step. For example, a caseworker can use summarization at the end of receiving the information during intake and tell the referral source what the next steps will be. It can also be used during the transfer meeting to summarize the key historical points in the case, to date, and identify who will

do what as next steps to complete the transfer. It will always be used during the Family Service Plan Review process.

Step 4: Role Play
(35 minutes)

In the next activity, participants will practice the skill of Summarizing and Identifying Next Steps during a Family Service Plan Review with Crystal Smith using two different scenarios. During the first role play, one participant will play the part of the child welfare professional and summarize progress made and identify next steps during the final meeting with the family. During the next role play, the other participant will summarize progress made, the key points of the Comprehensive Family Assessment and identify next steps in the Family Service Plan Review step.

Instruct participants to pair up with a partner. Refer pairs to **Handout #23 (FSP Reviews)** that contains two different scenarios for the Smith Family at the six-month review. Each partner should choose between Smith Family Review 1 and Smith Family Review 2. Explain that in both scenarios, the child welfare professional has previously gathered information from family members during home visits and telephone calls about their progress. Service providers have kept in contact with the caseworker by phone and they have provided monthly progress reports. The most recent Safety Assessment was reviewed, a Risk Assessment was completed within the last 30 days and the family was engaged in the assessments.

Display **PowerPoint Slide #35 (Instructions for FSP Review Activity)**. Explain the following steps to the activity.

1) Give participants three minutes to read their scenarios.
2) Inform participants that the partner who chose Smith Review 1 will play the child welfare professional first and the other partner will play Crystal first. For 10 minutes, they are to role play the part of the child welfare professional discussing with Crystal the progress made over the last six months. If it is determined that the case will stay open at the agency, summarize the findings in the updated Comprehensive Family Assessment and practice identifying next steps for Crystal in the casework process. If the case will close, identify next steps. You may use one of the charts or graphs on **Handout #21 (Assessing Progress of Family Service Plans)** if desired.
3) The participant playing Crystal will also evaluate how well the partner used the skill of Summarizing and Identifying Next Steps. Refer participants to **Handout #24 (Observation Checklist of Summarization)**.
4) At the end of the role play, give the evaluator three minutes to fill out the checklist.
5) Give the evaluating partner three minutes to explain to the partner their motivational and constructive feedback.
6) Switch roles and complete the activity again using the remaining Smith Review 2.

Trainer Note: Depending upon the number of participants in the classroom, it is permissible to conduct this activity in triads. In this case, each participant will play two of the following roles: child welfare professional; Crystal; or observer throughout the two rounds of the activity.

After both participants have had the opportunity to play both roles, engage the large group in a discussion. Pose the following questions:

- As you played the child welfare professional what was easy for you?
- As you played the child welfare professional what was a challenge for you?

Suggest that participants practice using the skill during the next several days when they have client contacts.

Explain that the skill of Summarizing and Next Steps will be demonstrated next. Demonstrate the skill by summarizing the following:

Throughout the last two days, the group has studied the FSP Process by studying the following areas:

- Legal Mandates for Family Service Planning.
- How to complete the Comprehensive Family Assessment to inform the FSP.
- The development of Goals, Objectives, and Tasks.
- How to prioritize needs in the FSP.
- Overview of FGDM and how they relate to Family Service Planning.
- Documenting the FSP form.
- Making referrals and coordinating with service providers.
- FSP Reviews.

Remind participants to use their **Idea Catchers** to note any new ideas that shouldn't get away. Tell participants that the next section participants will develop their own Action Plan to implement back at work what was learned in this module.

Module 6: Case Planning With Families

Section X: Course Summary and Evaluations

Estimated Length of Time:
30 minutes

Performance Objectives:
- ✓ N/A

Methods of Presentation:
Lecture, Individual Activity, Large Group Discussion

Materials Needed:
- ✓ **Smith Family Folders**
- ✓ **Handout #25: Action Plan**
- ✓ **Handout #26: References**
- ✓ Evaluations

Section X: Course Summary and Evaluations

Trainer Note: This is a critical section and will need the entire 30 minutes assigned.

Trainer Note: Review the WIIFM poster and the Parking Lot. Be sure that all of the questions and concerns have been addressed.

Step 1: Lecture
(5 minutes)

Advise the group that they have reached the stage of the training that requires a transfer of learning plan to implement upon return to their agencies. The plan is their key to transferring what they learned to their work behavior.

Review the learning objectives of the training day.

Step 2: Individual Activity
(10 minutes)

Refer participants back to their **Idea Catchers** to identify what new information they learned today. Refer participants to **Handout #25: (Action Plan)**. Inform the participants that it is important that they accurately assess their abilities when completing Action Plans. It is not expected at this stage of training to have mastered all the areas of the training. It is through their recognition of a need to continue to grow that they will take the steps necessary to do so. Ask participants to individually complete their Action Plans. As they are completing the plan, assist any participants having difficulty identifying their next steps.

Step 3: Large Group Discussion
(5 minutes)

When participants have completed their plans, conclude the activity by asking several volunteers to each share an action they will take to transfer their learning.

Explain to participants that by posting this Action Plan in a visible place in their cubicle or office, they will be reminded to practice their new skills. Encourage participants to share their Action Plan with their supervisors so that they can support participants in implementing what they learned.

Instruct participants to file away their Smith Family handouts, including **Handout #16 (Smith Family Service Plan)** in their **Smith Family Folders** to be used in subsequent modules.

Refer participants to **Handout #26 (References)** for additional reading.

Step 4: Individual Activity
(10 minutes)

Have participants complete the PA Child Welfare Resource Center Standard Evaluations.

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