

# Practice Guide

## Assuring Safety and Managing Risk

<b>OUTCOMES</b>	<ul style="list-style-type: none"> <li>• Children are first and foremost protected from abuse and neglect.</li> <li>• Children are safely maintained in their homes whenever safe and appropriate.</li> <li>• Children in out-of-home placement are safe and protected from maltreatment.</li> </ul>
<b>R E Q U I R E M E N T S</b>	<ul style="list-style-type: none"> <li>• <i>Safety and risk assessments.</i> Initial safety assessments must be completed within 7 days of report assignment. Risk assessment must be completed within 25 days of assignment/ Ongoing assessment of safety, risk and protective factors must be completed over life of the case.</li> <li>• <i>Investigation of reports.</i> All reports must be assigned for investigation or screened out within 24 hours/Face-to-face contact with children occurs within 72 hours of assignment of the report; within 24 hours for children in agency custody &amp; felony reports/ Investigations must be completed within 25 calendar days and the supervisor must approve within 5 calendar days of receipt./ Evaluate all children in home for safety and risk. Investigations and decisions shall be based on a full and systematic evaluation of the factors that may place a child at risk.</li> <li>• <i>Safety plans.</i> Develop initial safety plans and update as necessary/ Screen children to see if they pose threat to other children in home and whether they need safety plan.</li> <li>• <i>Safety in out-of-home care.</i> Monitor safety of children in foster care placements/If report is for child in agency group homes, emergency shelters, private child placing agencies &amp; foster homes the Licensure Unit in the state office undertakes a licensure investigation for standards compliance in addition to CPS investigation./Reports of corporal punishment in out-of-home placements and all allegations of child maltreatment are investigated by worker with training in maltreatment in foster care who has no connection to the case/If child remains in the same out-of-home placement following report of maltreatment or corporal punishment, worker visits twice monthly in the home for three months/File copy of report in record of child and resource parent and facility licensing file &amp; copy of letter notifying resource parent goes in file and to Resource Unit at the State Office, and provide records/report to judge, guardian ad litem and court monitor.</li> <li>• <i>Caseworker visits.</i> Twice monthly caseworker visits with children in foster care and children remaining in their own home to assess safety and needs/ At least one visit per month shall take place in the child's placement. Worker meets with the child's biological parents at least monthly /Visits with the child alone where age appropriate are made during the first month the child is in care and the worker must have face to face contact with the child alone within 72 hours after any change in placement to assess child's adjustment.</li> <li>• <i>Discharge/aftercare.</i> Ninety - day trial visit if reunification occurs and two visits to the home each month to interview the child (ren) without the parent(s) present/Develop after-care plan identifying services needed to ensure child's safety and stability/Take steps to ensure access to needed services.</li> </ul>

ACTIVITY	WHERE IN THE LIFE OF THE CASE	PRACTICE GUIDANCE
<b><i>Initiate Investigations of maltreatment</i></b>	<ul style="list-style-type: none"> <li>• Intake</li> <li>• Investigation</li> </ul>	<ul style="list-style-type: none"> <li>• Gather information from reporter &amp; others to determine if report meets definition of maltreatment, extent &amp; circumstances of maltreatment, vulnerability of child, location of child and perpetrator, &amp; whether child is in present danger.</li> <li>• Determine the response time for the report.</li> <li>• Make face-to-face contact with child within required time frames/interview child privately.</li> <li>• Interview all required parties, including the reporter and all alleged perpetrators.</li> <li>• Consult supervisor to determine priority and other procedures.</li> </ul>
<b><i>Conduct initial safety and risk assessments</i></b>	<ul style="list-style-type: none"> <li>• Investigation</li> </ul>	<ul style="list-style-type: none"> <li>• Review historical information in MACWIS, Central Registry, &amp; case files.</li> <li>• Gather information through observations &amp; interviews to determine if child is in danger.</li> <li>• Gather information from family members &amp; collaterals about the extent of maltreatment, circumstances of maltreatment, adult &amp; child functioning, parenting &amp; discipline practices.</li> <li>• Identify parents' protective capacities and use in evaluating safety and risk.</li> <li>• Complete safety &amp; risk assessment instruments as part of the overall Comprehensive Family assessment process and document in case file.</li> <li>• Use assessment findings to determine if a safety plan is required &amp; if services are needed.</li> <li>• Develop safety plan as determined appropriate.</li> </ul>
<b><i>Initiate Services</i></b>	<ul style="list-style-type: none"> <li>• Investigation</li> <li>• Case plan development</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluate need for immediate services to protect child or manage risk during investigation. Conduct FTM to identify services needed immediately to support safety plan or to determine ongoing service needs to address safety and risk factors./Refer and follow up for prompt response.</li> </ul>

<b>Conduct ongoing safety and risk assessment</b>	<ul style="list-style-type: none"> <li>• Caseworker visits</li> <li>• Case plan reviews</li> <li>• When family's situation changes</li> <li>• Reunification/case closure</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct and document risk and safety assessments in MACWIS at regular intervals.</li> <li>• Review safety and risk factors, vulnerability, and protective capacities during visits with family members &amp; with child in placement/Identify new or emerging safety &amp; risk factors/Evaluate caretaker's progress in resolving safety &amp; risk factors.</li> <li>• Reassess safety and risk as part of the comprehensive family assessment process to provide broad perspective on safety and risk and parental capacity to care for child safely.</li> <li>• Identify conditions required for a child to be safe at home to use in evaluating safety/risk.</li> <li>• Evaluate effectiveness of safety plan in protecting child from harm/managing risk.</li> <li>• Determine changes needed to safety or service plan/revise with family &amp; child/Document.</li> </ul>
<b>Address safety and risk in case plans</b>	<ul style="list-style-type: none"> <li>• Within 30 days of placement or case opening</li> </ul>	<ul style="list-style-type: none"> <li>• Analyze information from safety and risk assessments and comprehensive family assessment to identify safety &amp; risk issues that must be addressed in case plan.</li> <li>• At FTM, discuss findings from the assessments, non-negotiable safety &amp; risk concerns, and assist family to identify goals, tasks and service needs to protect child.</li> <li>• Identify ongoing safety plans provisions with family and incorporate into case plan.</li> <li>• With family, develop case plan goals &amp; tasks that will assist child's caregiver identify, understand &amp; change behaviors, attitudes or relationships that produce or maintain safety concerns, &amp; to strengthen those that increase &amp; sustain protective capacities.</li> </ul>
<b>Review &amp; update case plans</b>	<ul style="list-style-type: none"> <li>• At least every 90 days</li> <li>• Whenever family or individual circumstances change</li> </ul>	<ul style="list-style-type: none"> <li>• At least every 90 days, review information from child, family, caregivers &amp; providers on caregiver's progress in protecting child, strengthening protective capacities, changes in child's vulnerability to harm, needs for revision to safety/case plan, effectiveness of services, identification of new issues.</li> <li>• Use FTM to determine appropriateness of existing plans &amp; services and needed changes.</li> <li>• With family and providers, make needed changes to plans based on safety and risk factors/document in case file/obtain signatures.</li> </ul>
<b>Use caseworker visits to address safety &amp; risk</b>	<ul style="list-style-type: none"> <li>• Caseworker visits</li> </ul>	<ul style="list-style-type: none"> <li>• Visit with child, parents, foster caretakers at required intervals/more frequently if needed.</li> <li>• Meet privately with child to discuss safety and risk concerns.</li> <li>• Review safety and risk concerns with family members, &amp; participation in services, effectiveness of services, progress toward goals, needs for changes in goals or plans.</li> <li>• If a child remains in the same out-of-home placement following a report of maltreatment or corporal punishment, a DFCS worker will visit a minimum of twice a month for three months after the conclusion of the investigation to assure the child's safety and well-being. These visits will occur in the home/facility.</li> <li>• Document all visits in case file.</li> </ul>
<b>Address safety &amp; risk while children are in placement</b>	<ul style="list-style-type: none"> <li>• Caseworker visits with child/parents and resource family</li> <li>• Investigation of reports of maltreatment in care</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluate safety &amp; risk issues in foster care placement at all caseworker visits to home or facility and with child/Observe conditions in home or facility and evaluate for safety &amp; risk.</li> <li>• Complete safety &amp; risk assessments for children in care.</li> <li>• Meet privately with children in placement to discuss safety and risk concerns.</li> <li>• Meet privately with resource parents/facility staff to identify safety threats, such as hazards, supervision, interactions with other children or adults, child behaviors.</li> <li>• Identify and discuss with parents any safety or risk concerns for child in placement.</li> <li>• Complete investigations as required.</li> <li>• Consult frequently with licensing staff about resource homes &amp; facilities/ Notify &amp; involve licensing staff in reports and investigations.</li> <li>• Document safety assessments &amp; investigations in MACWIS.</li> </ul>
<b>Reunification</b>	<ul style="list-style-type: none"> <li>• FTMs</li> <li>• Caseworker visits</li> <li>• Reunification</li> </ul>	<ul style="list-style-type: none"> <li>• Gather information from child, family, caregivers and service providers on progress in achieving goals and resolving safety and risk factors that led to the need for placement.</li> <li>• Ensure that any new or emerging safety &amp; risk factors are resolved or controlled.</li> <li>• Assess safety and risk to guide the decision to reunify.</li> <li>• Hold final discharge staffing with the worker, ASWS and parent or relative to determine appropriateness of final discharge/Petition the court to be relieved of custody.</li> <li>• Use assessment findings to determine if in-home safety plan is needed to reunify.</li> <li>• Develop after-care plan including needed services/Plans for trial visit &amp; caseworker visits. Make service referrals/follow-up with providers/Facilitate access to services/Document</li> </ul>
<b>Case Closure</b>	<ul style="list-style-type: none"> <li>• When making a decision to close the case</li> </ul>	<ul style="list-style-type: none"> <li>• Gather information from child, family, caregivers and service providers on progress in achieving goals and eliminating safety factors and reducing risk sufficiently.</li> <li>• Meet with the family to discuss their readiness and prepare the family for case closure.</li> <li>• Assess safety &amp; risk to determine that safety threats no longer exist &amp; sufficient change has occurred so that caregiver can effectively protect the child. A case may not be closed if a Safety Plan is in place.</li> <li>• Identify future risk of harm in the foreseeable future and the family's protective capacities which will prevent such harm/Include in after care plan.</li> <li>• Make service referrals/follow-up with providers/Facilitate access to services/Document.</li> </ul>

## Practice Guide

### Working with the Educational System

<b>OUT-COMES</b>	<ul style="list-style-type: none"> <li>All children and youth receive appropriate services to meet their educational needs.</li> </ul>
<b>R E Q U I R E M E N T S</b>	<ul style="list-style-type: none"> <li>DFCS must take reasonable steps to ensure that school-age children who have been placed in out-of-home care are enrolled in and attending an accredited school program within 3 business days of entering care or any placement move (including shelters/temporary placements).</li> <li>DFCS caseworkers shall review the educational record of each child who enters custody for the purpose of identifying the child's general and, if applicable, special educational needs and shall document the child's educational needs within 30 calendar days of his/her entry into foster care.</li> <li>Resource parents/ facility staff are provided with a copy of the child's currently available educational records prior to or at the time of placement/gather and provide to foster parents/ facility staff all additional current education information within 15 days of placement.</li> <li>An educational review (screening) for general and special educational needs shall be completed within 30 days of placement as part of the overall Comprehensive Family Assessment (CFA) process to determine whether there is a need for further services. The CFA tool provides a place to record the educational information that is obtained. Services may include tutoring, advocacy, early intervention services, the development of an Individual Education Plan, preparation for GED, and college preparation.</li> <li>All reasonable efforts must be made to ensure the continuity of a child's educational experience by maintaining the child in a current/familiar school &amp; neighborhood whenever possible and in the child's best interests, and to limit any school changes.</li> <li>School personnel should be included in the assessment and case planning processes and provide input into the development/monitoring of the case plan.</li> <li>Case plans must address educational issues and the related services needed.</li> <li>Each child in foster care ages birth through 3 shall be provided a development assessment by a qualified professional within 30 days of placement in foster care; same requirement for each child older than 3 if factors indicate assessment is warranted; all children in care must be provided with needed follow-up developmental services. A referral to First Steps Early Intervention program shall be made on all children in custody up to 36 months of age for an assessment and follow-up services as needed.</li> <li>DFCS must provide all youth transitioning to independence with educational and training vouchers and assistance in locating/enrolling in educational or vocational programs appropriate to their needs, interests, abilities, and goals, e.g., GED or vocational training programs, colleges/universities, special education.</li> <li>Youth should receive age-appropriate education &amp; support regarding pregnancy prevention, responsible parenting, and sexually transmitted diseases, as part of the Independent Living program's services or through other community resources.</li> </ul>

ACTIVITY	WHERE IN THE LIFE OF THE CASE	PRACTICE GUIDANCE
<b>Assess child's educational needs</b>	<ul style="list-style-type: none"> <li>During the assessment process</li> <li>Prior to developing the case plan</li> <li>Continually throughout the life of the case</li> </ul>	<ul style="list-style-type: none"> <li>Examples of the types of information that will be gathered as part of the educational screening include the child's educational history, name of current school, current grade level, need for special education services, IQ, reading level, developmental level, attendance, and behavior. This information will be reviewed by the caseworker, and the review and findings from the review documented and updated in the CFA Tool.</li> <li>Use the information above to determine if additional screenings, assessment, or services are needed; use assessment to assure necessary educational services are included in case plan.</li> <li>If additional educational evaluations are needed, make request in writing (email or fax are preferable) to the principal of the current school &amp; the district's special education director. Keep a copy of all documentation in case file. The school has 60 days from receipt of the request to complete evaluations.</li> <li>Refer all children up to 36 months in custody to First Steps Early Intervention program for assessment and follow-up services as needed.</li> <li>Update and reassess educational information throughout the life of the case at a minimum of every 90 days in preparation for the review of and inclusion in the case plan.</li> <li>Meet with school personnel on a regular basis to monitor child's progress in school.</li> <li>Participate in school meetings as appropriate including, but not limited to IEP meetings acting as an advocate for the child and provide support to the family to assure their ability to participate in meetings and understanding of all evaluations.</li> <li>Inform and include parents in their child's school conferences, discuss school performance, inform them of school-related issues, and share educational progress information.</li> <li>Notify birth and foster parents well in advance and provide services needed to permit their involvement in school meetings and activities.</li> <li>Perform educational assessments and provide needed services or information for children served in their own homes when appropriate to the circumstances of the case.</li> <li>Contact the DFCS Educational Liaison in the Resource Development Unit at State Office as needed for support in requesting special education support.</li> <li>If child's entry into foster care or a placement move indicates a school move will occur, contact the schools involved and make efforts to keep child in the same school if appropriate. Document why a child is not maintained in the current school setting.</li> </ul>

<p><b>Address child's educational needs during the case planning process.</b></p>	<ul style="list-style-type: none"> <li>• Prior to developing the case plan</li> <li>• Continually throughout the life of the case</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that educational issues are addressed as part of the FTM and include school personnel (teachers, school counselors, administration, truancy staff) in FTMs, with the family's permission.</li> <li>• Meet with child, parents, resource parents, to discuss findings from evaluations and other educational changes in educational strengths/needs or any concerns.</li> <li>• Include educational issues (attendance, grades, behavior, and learning needs) as well as educational service needs in the case plan, based on assessment information.</li> <li>• Review IEP or 504 (if applicable) yearly, more often if circumstances warrant it.</li> <li>• Make a prompt request for an IEP or 504 meeting as circumstances change or new needs emerge.</li> <li>• Coordinate information in the case plan with the youth's Independent Living Plan (ILP) to assure educational issues/needs are addressed; communicate with and jointly develop the ILP with the youth's contract IL worker; ensure that copies of up-to-date ILPs are in the MDHS file and that the IL worker is informed of the MDHS plans, goals, and services.</li> <li>• Obtain copies of school records (including evaluations and IEP or 504 documentation) &amp; file in case file at time of placement/update as they change or are updated; provide them to resource parents/facility staff prior to or at the time of placement and going forward as they change or are updated. Meet with youth well before emancipation to discuss/identify educational goals &amp; plans beyond emancipation; assist youth in locating and enrolling in educational or vocational programs appropriate to their strengths, needs, abilities, goals and areas of interests; coordinate plans with IL worker/resource parents/birth parents; make needed referrals/applications for educational supports well in advance of emancipation.</li> <li>• Determine what school supplies are needed for the youth/child in care; ensure that resource parents have access to needed school supplies.</li> </ul>
<p><b>Supervisory Review of Child's Educational Needs</b></p>	<ul style="list-style-type: none"> <li>• Supervisory Case Conferences</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that worker has addressed/ included in the case file/plan the following information: <ul style="list-style-type: none"> <li>○ Child's school placement and level</li> <li>○ Information regarding child's attendance and behavior</li> <li>○ Any testing needs and results of testing</li> <li>○ Any service needs of child, e.g., tutoring, specialized classes</li> <li>○ Appropriate referrals for special education services/testing</li> <li>○ Copies of all relevant school records, e.g., IEPs, report cards</li> <li>○ Efforts to maintain child in same school setting</li> </ul> </li> <li>• Review for documentation that school records are given to resource parents/facility staff.</li> <li>• Assure that workers are advocating for any identified educational needs of the child/youth that are not currently addressed/met based on documentation in the file.</li> </ul>
<p><b>Identify educational needs of youth in placement</b></p>	<ul style="list-style-type: none"> <li>• Ongoing in cases where the child is in out-of-home placement</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that youth ages 14-20 are present for and participate in the development of an ILP that addresses their educational and training strengths, needs and goals; prepare youth for participation in advance through discussion of goals, plans, and options.</li> <li>• Inform youth about IL services including, but not limited to the Education and Training Vouchers; discuss services at regular intervals; ensure that youth know how to access services.</li> <li>• Discuss options for career counseling/job programs/college information prior to emancipation; assist youth in accessing services; monitor for access and use of services.</li> <li>• Discuss the roles of resource parents and birth parents with them, respectively, to assist youth in educational and career planning; if youth has a mentor, discuss educational needs/services with mentor.</li> <li>• Develop the youth's after-care plan in advance of emancipation, including educational services, supports needed while in school or training, and responsible adults to support youth.</li> </ul>
<p><b>Access and provide educational Services</b></p>	<ul style="list-style-type: none"> <li>• Ongoing throughout the Life of the Case</li> </ul>	<ul style="list-style-type: none"> <li>• Workers/supervisors are aware of/understand educational services in the county/region.</li> <li>• Make direct contact with child, parents, resource parents, teachers and all pertinent staff to evaluate school progress, issues, and identify any existing needs.</li> <li>• Youth should be provided with all educational services required as part of their IL plan. Research location of commonly used services, such as tutoring, behavioral aides, special education services including specialized classes, enhanced support, other services as identified in the IEP, surrogate parent for children with special education needs</li> <li>• Use assessment and case planning process to identify services child/youth needs to function positively within the school environment, e.g., tutoring and classroom assistance; make appropriate referrals timely; follow-up with providers to ensure prompt response; monitor provision of services for effectiveness; make needed changes over time.</li> <li>• Arrange for or provide transportation for child/youth to allow attendance at their original school in order to prevent a change in schools due to placement.</li> </ul>
<p><b>Advocate for child within the educational system</b></p>	<ul style="list-style-type: none"> <li>• Ongoing throughout the Life of the Case</li> </ul>	<ul style="list-style-type: none"> <li>• Consult with/request of child's school to permit continuation in the school following placement; if a change is unavoidable, arrange it during a school holiday or vacation, if at all possible.</li> <li>• Request in writing appropriate testing/services for child/youth; follow-up for completion; document specific needs to school, results of prior testing, specific services needed.</li> <li>• Include resource parents and birth parents, when appropriate, in discussions/meetings with school representatives and when requesting/monitoring services.</li> <li>• Actively pursue services/evaluations not provided by school, in writing and documented.</li> <li>• Attend IEP meetings with the resource and birth parents, when appropriate.</li> <li>• Provide and discuss information with youth about their educational rights.</li> </ul>

## Practice Guide

### Family Team Meetings

<b>OUTCOMES</b>	<ul style="list-style-type: none"> <li>The Family Team Meeting (FTM) process is the vehicle for engaging children, family members, and appropriate stakeholders in initial and ongoing case planning and service delivery.</li> <li>Families and other participants are prepared and supported to participate in Family Team Meetings.</li> </ul>	
<b>R E Q U I R E M E N T S</b>	<ul style="list-style-type: none"> <li>All FTMs must be documented in MACWIS and shall include, at a minimum, worker and supervisor, child, child's family if appropriate, and foster family. If there is any reason one of the above mentioned parties' is unable to attend their absence must be justified in MACWIS. (Note: include other attendees as appropriate); discuss progress, options, timelines, and permanency at all FTMs.</li> <li>The DFCS worker should hold a FTM, when possible, prior to removal of the child/ren.</li> <li>For foster care cases, hold initial FTM within 30 calendar days of a child's entry into care; develop case plans for child and family that include a visitation plan for child and family.</li> <li>Hold FTMs at least every 90 calendar days to review and update case plans; more often if circumstances change.</li> <li>Update case plan through FTM within 30 calendar days of placement changes or other significant changes in the case.</li> <li>If the worker has knowledge that a placement may disrupt, convene FTM immediately to determine cause of potential disruption, appropriateness of placement/need for other placement, services needed to maintain placement, and if another placement is necessary, what placement should it be; convene FTM within 5 days of emergency disruptions to determine services needed and appropriateness of placement.</li> <li>Prior to case closure, hold FTM to determine/make recommendation to return child home; include required participants, the person(s) assuming custody, plus applicable private agency worker and relatives as appropriate; devise aftercare plan addressing services needed or desired and steps for obtaining services to help ensure the child's safety and stability.</li> <li>Hold FTM to determine final discharge from care before the end of any trial home visit.</li> </ul>	
<b>ACTIVITY</b>	<b>WHERE IN THE LIFE OF THE CASE</b>	<b>PRACTICE GUIDANCE</b>
<b>Identify Participants</b>	<ul style="list-style-type: none"> <li>Prior to each FTM</li> </ul>	<ul style="list-style-type: none"> <li>Discuss with family/child/youth who they want to invite to the FTM in addition to required participants.</li> <li>Discuss, if appropriate, with the child's primary caretaker the involvement of both parents if one is absent, maternal and paternal family members and what they may be able to provide to the child. Unless justified otherwise, include both parents.</li> <li>Offer to the family to invite individuals who can or have supported them in the past and/or who have an understanding or information related to the family's circumstances, e.g., service providers, extended family members, mentors/advocates, close friends.</li> <li>Identify any reluctance to include relevant participants, particularly absent parents, and address reasons for reluctance, making adjustments to the process as needed to protect confidentiality, privacy, and so forth.</li> </ul>
<b>Prepare Family, Service Providers, &amp; Resource Parents</b>	<ul style="list-style-type: none"> <li>Prior to each FTM</li> </ul>	<ul style="list-style-type: none"> <li>Identify dates, times, and locations for FTMs that accommodate schedules/circumstances of family and child, and other participants: identify and provide services needed to facilitate child and family participation.</li> <li>Explain to all participants the purpose of the FTM, what is needed for a successful meeting, who will participate, how all may contribute, and to what end; identify how child/youth will participate, and any justification for excluding them from FTM.</li> <li>Identify and address concerns raised by any participants regarding their participation or that of others.</li> <li>Discuss with service providers and resource families what information they may be asked to contribute, including progress/need for services, child's educational/developmental/physical/emotional status, &amp; relevant safety and permanency issues.</li> <li>Identify potentially sensitive issues that may arise, and provide guidance to participants on addressing them, including what may or may not be discussed in presence of the child/youth.</li> <li>Discuss confidentiality with all participants and utilize MDHS –FCS-498: Statement of Confidentiality. Information may need to be shared with the Courts in order to protect the child's interests but should never be discussed outside of the FTM or Court except as allowed or ordered by Mississippi Law...</li> <li>Identify and address cultural issues including the need for an interpreter or for additional supports.</li> <li>Identify and plan for safety issues (physical and emotional), potential volatility, and history of conflict.</li> <li>Workers must be aware of any conflicts resource families may have pertaining to their roles as service providers and potential adopters.</li> <li>Solicit providers' agreement and commitment to participate in the process in order to facilitate development of relevant case plans, goals and strategies, and ensure coordinated service delivery.</li> </ul>
<b>Create the Agenda</b>	<ul style="list-style-type: none"> <li>Prior to each FTM</li> </ul>	<ul style="list-style-type: none"> <li>Develop an agenda with the parent/caregiver to guide the FTM in advance of the meeting and distribute to participants.</li> <li>Agendas should be flexible but tailored to the family/child/youth and their current situation.</li> </ul>

		<ul style="list-style-type: none"> <li>• Agendas should address the particular reason for the FTM and generally include the following items: <ul style="list-style-type: none"> <li>• <i>Welcome</i> – family is given the opportunity to make opening remarks and address family traditions.</li> <li>• <i>Introductions</i> – everyone should introduce themselves and identify their relationship to the family.</li> <li>• <i>Ground Rules</i>–should help with managing emotions and keeping the meeting focused on its purpose. Examples include confidentiality, show respect for each other, only one person talks at a time, it is okay to disagree, be honest and open and be positive and strength-based.</li> <li>• <i>Purpose of Meeting</i> – FTM may be a routine review or convened for a specific purpose.</li> <li>• <i>Family's Goals for Meeting</i> – opportunity for family to share what they hope to get out of the meeting and their understanding of the purpose of the FTM.</li> <li>• <i>Information Sharing</i> – participants are invited to identify the strengths they see in the family and their concerns for child and family safety, permanence and well-being. Providers will share information about their involvement and circumstances that have led to FTM.</li> <li>• <i>Brainstorming Strategies</i> – all participants are invited to brainstorm solutions and ideas for planning. Service providers are encouraged to identify options and remain open to adapting their services to the family rather than the family adapting to the prescribed services.</li> <li>• <i>Creating/Revising Service Plan</i> – family is encouraged to identify their own solutions or at a minimum must be a key part of any decision-making.</li> <li>• <i>Next Steps</i> – are discussed with participants understanding what they are to do. Steps must be small and measurable to assure success.</li> <li>• <i>Closing</i> – DFCS worker or family make closing remarks and next meeting may be scheduled.</li> </ul> </li> </ul>
<b>Facilitate the Meeting</b>	<ul style="list-style-type: none"> <li>• Investigation</li> <li>• Case Plan Development and Review</li> <li>• At placement changes</li> <li>• When the family's situation changes</li> <li>• Case Closure</li> </ul>	<ul style="list-style-type: none"> <li>• Discuss non-negotiables (i.e. no-contact orders, supervised visitation, child safety, agency's roles and responsibilities) and confidentiality.</li> <li>• Engage participants to talk directly to each other when appropriate.</li> <li>• Ensure the meeting stays on task while using reflective listening to let family and team know what is being expressed; reframe comments to ensure discussions are positive and focused on identified tasks and toward solutions; ask solution-focused questions to draw out options and identify solutions.</li> <li>• Facilitate the FTM by encouraging family/child/youth input on strengths/needs, service needs, preferences for providers, and locations of services. Identify relevant cultural, tribal, background issues to be considered in mobilizing services.</li> <li>• Assure that all relevant and necessary information is shared with the group and everyone who wishes to is given the opportunity to speak.</li> <li>• Diffuse volatile/ inappropriate behavior by referring to ground rules and inviting constructive comments. Discontinue meetings if safety issues become apparent and unmanageable.</li> <li>• Document the meeting and decisions made in MACWIS.</li> </ul>
<b>Create, Revise, &amp; Monitor the Case Plan</b>	<ul style="list-style-type: none"> <li>• Investigation</li> <li>• Case Plan Development and Review</li> <li>• When the family's situation changes</li> <li>• Case Closure</li> </ul>	<ul style="list-style-type: none"> <li>• Determine ongoing services needed to address safety and risk factors/link services to safety threats and risk factors and parental protective capacities.</li> <li>• Ensure that services are directly linked to overcoming barriers to achieving permanency goals within prescribed timeframes.</li> <li>• Review appropriateness of existing plans and services and make needed changes.</li> <li>• Discuss findings from the assessments, non-negotiable safety and risk concerns, and assist family to identify goals and service needs to protect child and achieve permanency.</li> <li>• During the initial FTM, and every 90 days develop/monitor and update detailed visitation plan for parents and siblings that includes at least two visits per month with parents and, at least one visit per month with siblings not in the same placement.</li> <li>• Engage family in a discussion of what could go wrong as form of crisis planning.</li> </ul>
<b>Identify Next Steps</b>	<ul style="list-style-type: none"> <li>• Each FTM</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that steps are reasonable, measurable, have time limits and are matched to needs.</li> <li>• Identify what, who and when to accomplish each step. Help all participants to understand and agree to their assigned tasks/activities.</li> <li>• Convene discharge FTM with youth/family/significant parties in advance of discharge/case closure to identify needs/develop aftercare plan with services specified.</li> <li>• Schedule next meeting.</li> <li>• Remind family that case plan will be reviewed and monitored regularly.</li> <li>• Inform participants of the timeframe in which the case plan document will be provided in writing to the family and other designated individuals.</li> </ul>
<b>Close the Meeting</b>	<ul style="list-style-type: none"> <li>• Each FTM</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage family to be responsible for meeting closure. If they are unwilling, then the DFCS worker should thank family and other team members for their efforts and cooperation.</li> <li>• Remind participants that everything discussed in meeting was confidential as explained in the confidentiality form which they signed at the beginning of the meeting.</li> </ul>

# Practice Guide

## Individualized Case Planning

<b>OUTCOMES</b>	<ul style="list-style-type: none"> <li>• All children and families involved with DFCS will have Individual Service Plans with services that are tailored to their individual strengths and needs.</li> <li>• Decisions about permanency &amp; stability are made promptly &amp; based on individualized case plans/services.</li> <li>• All individualized service plans will be targeted toward helping children/families achieve their goals.</li> </ul>
<b>R E Q U I R E M E N T S</b>	<ul style="list-style-type: none"> <li>• <i>Service plans.</i> Service plan are based on assessment and exploration of benefits of service, cultural relevance, and alternatives of planned services along with the family's social network/Therapeutic services (TFC) to be delivered through an individualized, strengths-based treatment plan that is reviewed weekly by a treatment team, at 30 days after placement and every 90 days to evaluate continued need for TFC. Services are linked to individualized needs identified through assessment and plan.</li> <li>• <i>Permanency planning.</i> Prompt identification of permanency goals – plan developed within 30 days/Ongoing review of permanency goal/ Requires concurrent planning to address potential for reunification, possible permanent relative placement and monthly contact between worker and parents to address progress and involve them in decisions regarding children/ Adoption specialist assigned within 10 days of establishing goal and adoption plan developed within 15 days and an external adoption consultant assigned for children legally free for 6 months.</li> <li>• <i>Services to achieve permanency goal.</i> Timely decision making regarding TPR- agency to send packet to AG within 30 days of establishing plan of adoption. DFCS to file for children in care 15 of the last 22 months unless legal exception applies/ Prompt efforts to achieve adoption.</li> <li>• <i>Planning for foster care stability.</i> Stable foster care placements, made according to children's needs/Place in least restrictive setting according to needs in order of relatives, foster home in proximity to home, foster home outside child's community, group home and institution/No child &lt; 10 years in congregate care without exception/ Meetings to prevent disruptions, and if disruption occurs meet within 5 days regarding appropriateness of new placement and services needed/Only one temporary or emergency placement within foster care episode – child cannot spend more than 12 hours at DFCS or non-residential facility.</li> <li>• <i>Using DFCS caseworker visits in individual case planning.</i> Weekly contacts with therapeutic foster parents and twice monthly visits with children, one in placement setting/ Frequent visits of high quality between caseworker and children/ Visits between the DFCS caseworker and child occur twice monthly regardless of whether child is being supervised by DFCS or a provider. Visit must be made to the child's placement and worker must meet separately with the child/Children in Therapeutic Foster Care (TFC) are to be visited by the TFC provider every 2 weeks/Worker to meet frequently with child's biological parents and at least monthly/Visits are made during 1<sup>st</sup> month child is in care and after any change in placement to assess child's adjustment.</li> <li>• <i>Planning for case closure.</i> Final discharge meeting to be held before case closure/Children discharged from TFC to have follow up services agreed upon by the team</li> </ul>

ACTIVITY	WHERE IN THE LIFE OF THE CASE	PRACTICE GUIDANCE
<b>Link services to individual strengths and needs of each relevant family member</b>	<ul style="list-style-type: none"> <li>• Assessment</li> <li>• Prior to developing case plan</li> <li>• At caseworker visits &amp; FTMs</li> <li>• When family's situation changes</li> </ul>	<ul style="list-style-type: none"> <li>• Use caseworker visits, FTMs, &amp; other case planning meetings/activities to identify individual strengths &amp; needs of family members &amp; match services to strengths &amp; needs</li> <li>• Review &amp; use information from safety assessment, strengths &amp; needs assessment, all case record information, reports from providers</li> <li>• Review IL and TL needs/plans to identify and match individual IL services</li> <li>• Identify &amp; locate all relevant family members whose needs/services should be addressed</li> <li>• Identify needs of all relevant individual family members</li> <li>• Collaborate with family members to determine which services are most appropriate for their needs/Identify needs before considering the availability of services.</li> <li>• Identify services in collaboration with child and family that will best meet identified needs.</li> </ul>
<b>Address individual strengths &amp; needs in case plans</b>	<ul style="list-style-type: none"> <li>• At case plan development</li> <li>• At case plan updates</li> </ul>	<ul style="list-style-type: none"> <li>• Prepare children/families to participate in case plan meetings by explaining what will happen, importance of plan, encourage to consider their strengths, needs, &amp; service preferences</li> <li>• Ensure active participation in case planning meetings &amp; activities by family members</li> </ul>

	<ul style="list-style-type: none"> <li>When the child's or family's situation changes</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate FTMs by encouraging family/child input on strengths/needs and identifying service needs, preferences for providers, and locations of services.</li> <li>Identify relevant cultural, tribal, background issues to be considered in mobilizing appropriate services.</li> <li>Solicit information from child/youth &amp; family members regarding the services they think will best address their needs/preferences for providers &amp; locations</li> <li>Address strengths/needs/services for relevant non-custodial parents &amp; children who are not the subject of maltreatment reports, in addition to target children &amp; custodial parents</li> <li>Use information from family members to prepare written case plans &amp; identify services (while assuring the agency's responsibilities for protecting the child and achieving permanency)</li> <li>Document case plans in case record with signatures of family members.</li> </ul>
<b>Engage with service providers</b>	<ul style="list-style-type: none"> <li>Prior to developing case plan</li> <li>During FTMs &amp; case reviews</li> <li>During case monitoring</li> </ul>	<ul style="list-style-type: none"> <li>Identify service providers that meet family's needs/preferences/locations/cultural concerns</li> <li>Obtain necessary releases of information forms from youth/parent/service provider.</li> <li>Include relevant service providers in FTMs with permission of child/family</li> <li>Ensure providers tailor services to, incl frequency, intensity, level, &amp; location of services, e.g., through specific service referrals/expectations, monitoring of services, linking payment to service delivery</li> <li>Ensure that residential care services to children and youth are based on the child/youth's individual needs rather than standard service programs.</li> <li>Contact service providers frequently for reports on child/family's participation in services and progress toward goals/require written reports specific to referral needs</li> <li>Advise service providers of any significant changes affecting delivery of services.</li> <li>If services are not available to address the family's unique needs, work with the service provider to develop needed services or identify another provider.</li> </ul>
<b>Use caseworker visits in individualizing case plans</b>	<ul style="list-style-type: none"> <li>Caseworker visits</li> </ul>	<ul style="list-style-type: none"> <li>Hold individual visits with family members at required intervals or more frequently if indicated/visit privately with children in placement/discuss child's needs with foster parents</li> <li>Discuss progress toward goals, emerging issues, changes/Identify needs for changes in service delivery with family members or changes in goals/activities/steps in case plans</li> <li>Determine need to convene FTM or involve service providers in discussions</li> </ul>
<b>Conduct individualized case planning outside of FTMs</b>	<ul style="list-style-type: none"> <li>At case plan development &amp; reviews</li> <li>Caseworker visits</li> </ul>	<ul style="list-style-type: none"> <li>When FTMs are not possible/appropriate, meet with individual family members or smaller groups of family members to plan for services/Use same approaches as in FTMs</li> <li>Inform family members that meetings/interviews are for developing case plans</li> <li>Document input of all family members in completed case plans/share &amp; obtain signatures</li> </ul>
<b>Monitor case plans &amp; revise as needed</b>	<ul style="list-style-type: none"> <li>Re-assessm't</li> <li>Case plan reviews</li> <li>Caseworker visits</li> <li>Case plan monitoring</li> <li>FTMs</li> </ul>	<ul style="list-style-type: none"> <li>Meet with the family and child at required intervals/more frequently if needed/ Ask child and family members if they are participating in the service(s) identified in the plan; evaluate effects of services on identified needs/progress toward goals</li> <li>Review case plans at least quarterly for ongoing appropriateness of permanency goals/outcomes/activities/steps/time frames</li> <li>Review re-assessments/services reports/information from family to determine if TPR petitions should be filed at 15 of 22 months or earlier or if an exception is applicable</li> <li>Meet with family/children/youth to discuss intent to file for TPR</li> <li>Review youth with goals of emancipation to determine if other goals have been ruled out or may now be appropriate to pursue</li> <li>Have frequent contact with service providers to ensure individualized service delivery/expected progress &amp; identify needs for changes in services or method of delivery</li> <li>Determine need to consider revising case plan and/or services</li> <li>Convene FTMs or conduct individualized case planning to make needed changes to case plans in order to reflect individual strengths/needs/goals – Document case plan revisions</li> </ul>
<b>Link ongoing case planning to individual strengths &amp; needs</b>	<ul style="list-style-type: none"> <li>Case monitoring</li> <li>Case plan updates</li> <li>Re-Assessm't</li> </ul>	<ul style="list-style-type: none"> <li>Use re-assessments to re-evaluate strengths &amp; needs of family members, based on changing circumstances, progress in achieving goals, emerging issues</li> <li>Evaluate with family, foster caretakers, service providers continuing responsiveness &amp; relevance of current services in achieving designated permanency goals, resolving needs</li> <li>Make indicated changes to services jointly with family members/providers</li> </ul>



# Practice Guide

## Interim Supervisory Protocol

<b>OUTCOME</b>	<ul style="list-style-type: none"> <li>DFCS supervisors' clinical supervisory activities will support the implementation of the practice model and strengthen practice.</li> </ul>
<b>R E Q U I R E M E N T S</b>	<ul style="list-style-type: none"> <li>Standardized decision-making criteria are used, in consultation with supervisory personnel, to determine if reports of suspected abuse and neglect meet statutory and agency criteria and if the case will be screened out, investigated, and/or reported to other authorities.</li> <li>.All reports must be assigned for investigation or screened out within 24 hours/Face-to-face contact with children occurs within 72 hours of assignment of the report; within 24 hours for children in agency custody &amp; felony reports/ Investigations must be completed within 25 calendar days and the supervisor must approve within 5 calendar days of receipt./ Evaluate all children in home for safety and risk. Investigations and decisions shall be based on a full and systematic evaluation of the factors that may place a child at risk.</li> <li>Supervisors will document written approval of the assessment prior to the development of the case plan.</li> <li>Within 30 calendar days of a child's entrance into foster care a Family Team Meeting (FTM) will be convened with the supervisor present to develop a service plan. If the supervisor is unable to attend , justification must be provided in MACWIS.</li> <li>Each service plan is reviewed and updated quarterly at a FTM with supervisor involvement.</li> <li>If caseworker has knowledge that a placement may disrupt, the caseworker shall immediately convene a meeting with supervisor involvement and if placement disrupts on an emergency basis, the meeting shall be no later than five days after disruption. Supervisor must approve placement moves.</li> <li>No foster child remains in an emergency or temporary facility more than 45 days unless approval exception signed by Division Director. Supervisor must review/approve in advance and monitor.</li> <li>No child is placed in more than one emergency/temporary facility within one episode of foster care, unless an immediate placement is necessary to protect safety of the child or others and is certified, in writing, by the Regional Director. Supervisor should approve in advance and monitor.</li> <li>No child under 10 years of age is placed in any kind of congregate care setting unless child has exceptional needs that cannot be met in a relative or foster family home or child is a member of a sibling group, and the Regional Director has granted express written approval for the congregate-care placement. Supervisor should approve in advance and monitor.</li> <li>A recommendation to return a child home or to place in the custody of a relative shall be made at a meeting attended by supervisor and an after care plan is to be devised at the meeting.</li> <li>Before end of any trial home visit period, there shall be a final discharge staffing meeting attended by supervisor and if appropriate application to court to be relieved of custody will be made.</li> <li>Supervisors will participate in special permanency reviews for each child who has been, or reaches, more than 15 of the previous 22 months in foster care, for whom DFCS has not filed a TPR petition or documented an available ASFA exception.</li> <li>The supervisor and caseworker will meet in person every 30 days to document progress after caseworker provides documentation to the Office of the Attorney General regarding the steps to be taken to address a TPR referral legal deficiency.</li> <li>The supervisor, caseworker, and adoption specialist will meet to review progress being made to achieve the goal of adoption weekly for infants (birth to 12 months) and monthly for all other children awaiting adoptive placement.</li> <li>Supervisor will regularly review whether child welfare case records are current, complete, made by authorized personnel only, signed and dated by the person who provided the service. Also, supervisors will sign and date child welfare case records where appropriate.</li> <li>Supervisors will complete Initial (within 90 days after opening a placement case), 15<sup>th</sup> month, and Subsequent Supervisory Administrative Reviews.</li> </ul>
<b>ACTIVITY</b>	<b>PRACTICE GUIDANCE</b>
<i>Monitor individual case activity in respect to the practice model</i>	<p>Supervisors should review case records and use individual worker conferences to:</p> <ul style="list-style-type: none"> <li>Evaluate the effectiveness and individuality of services provided to children and families.</li> <li>Ensure caseworkers are well trained in safety and risk and are demonstrating that knowledge by conducting initial and ongoing safety and risk assessments and documenting in MACWIS.</li> </ul>

July 26, 2011

<b>components</b>	<ul style="list-style-type: none"> <li>• Evaluate the involvement of children and families (including custodial and non-custodial parents as appropriate) in case activities and decision making; give attention to efforts to locate/ engage fathers.</li> <li>• Evaluate how well connections are identified and maintained for children in foster care.</li> <li>• Ensure the caseworker conducts comprehensive and timely assessments including the identification of individual strengths, needs, and underlying conditions for each family member. This includes assisting the caseworker in identifying the appropriate individuals who should be involved in the assessment and whether sufficient information has been gathered including professional evaluations.</li> <li>• Ensure family input has been solicited and utilized at all critical junctures in case activities including the timely development and monitoring/updating of ISPs. Age appropriate children, custodial, and noncustodial parents should be involved in FTMs as appropriate.</li> </ul>
<b>Monitor the quality and substance of caseworkers' activities</b>	<ul style="list-style-type: none"> <li>• Supervisors should have some degree of contact with the families in their caseworkers' caseloads as part of monitoring in order to be available to answer questions and receive feedback.</li> <li>• Monitor all cases in regard to issues such as: how reports of abuse and neglect are processed; timeliness and quality of completing investigations; possible placement disruptions; length of time and frequency of placements in emergency or temporary facilities; and instances where children under 10 years of age are considered to be placed in a congregate care setting.</li> <li>• Review all case plans to ensure key areas of the assessment are adequately addressed in the plans and that services relate to the strengths, needs and underlying conditions within the family.</li> <li>• Ensure efforts to involve parents in parenting children while in foster care, when appropriate and safe.</li> </ul>
<b>Provide direct and constructive feedback to caseworkers on the quality of their work during ongoing supervisory conferences and after conducting Supervisory Administrative Reviews</b>	<ul style="list-style-type: none"> <li>• The supervisor should have regular and structured supervisory conferences with each caseworker that focus on case specific situations regarding individualization of interventions with families and the quality of the interaction between the caseworker and family.</li> <li>• Supervisor should provide feedback designed to help develop caseworker's critical thinking and analytical skills during supervisory conferences, via written and oral feedback, and in discussing SARs.</li> <li>• Provide feedback to caseworkers regarding the level and quality of information the worker is gathering for assessments and contrast against simply filling out the assessment form. Assessment information should address the developmental needs of children and abilities of parents to participate in services.</li> <li>• Provide constructive feedback to address situations wherein: a child is placed outside of his/her community; actively support efforts to place the child within his/her community, if appropriate; Expedited Resource Licensure procedures should be applied; recommendations to return a child home or place in the custody of relatives are being considered; trial home visit period is ending; child has achieved or reaches 15 of the previous 22 months in foster care and TPR issues are applicable.</li> </ul>
<b>Shadow, model, and coach</b>	<ul style="list-style-type: none"> <li>• Shadow staff in critical activities, such as home visits, case planning conferences, and interviews, and provide modeling and coaching on correct approaches as needed.</li> <li>• Assist workers in identifying and addressing individual needs and working with providers to assure the correct match of services to needs.</li> <li>• Coach their caseworkers in accessing resources and services in the community to promote and support constructive parent-child visitation.</li> <li>• Participate in the FTMs of their workers cases and foster care reviews to observe, assist, and provide feedback to the caseworker in case planning and the delivery of services tailored to meet the individualized needs of the children and families they serve.</li> </ul>
<b>Provide group supervision, in-service training, and ensure access to ongoing training</b>	<ul style="list-style-type: none"> <li>• Hold regular unit meetings to discuss issues such as maintaining connections and other practice model components; have workers bring examples from their own cases; role play with caseworkers; and bring in experts and other stakeholders to share their experiences from their perspectives.</li> <li>• Ensure their caseworkers' access to in-service unit trainings and ongoing trainings offered by the State and other partners, particularly skills based training related to practice model components; facilitate workload coverage to ensure workers are able to attend trainings.</li> <li>• Debrief with caseworkers what was learned in training, not only to facilitate transfer of learning, but to ensure consistency in message; actively support training content.</li> </ul>
<b>Serve as part of broader continuous quality improvement process</b>	<ul style="list-style-type: none"> <li>• Use supervision as first-line quality assurance technique and to inform the supervisor's involvement in broader CQI activities, such as conducting case reviews, SARs, attending family meetings/reviews, and providing specific feedback.</li> <li>• Make certain caseworkers have received adequate and required training and identify any related systemic barriers to training during CQI activities.</li> <li>• Identify supports needed to serve children and families in accordance with practice model, such as access to services and policy, and raise identified needs with Regional Directors; advocate for systemic changes needed to support practice model implementation.</li> </ul>

## Practice Guide

### Involving Children and Families in Case Activities and Decision Making

<b>OUTCOMES</b>	<ul style="list-style-type: none"> <li>Families are empowered to advocate for themselves and take an active role in ensuring the safety, permanency and well-being of their children and other family members.</li> <li>Families are actively committed to participating in and completing activities, and reaching their goals by being part of the planning process.</li> </ul>	
<b>R E Q U I R E M E N T S</b>	<ul style="list-style-type: none"> <li>Interview with parents required to complete an assessment.</li> <li>Parents &amp; all children six and older must be involved in the development of the case plan/sign case plan</li> <li>Develop case plan within 30 days/Review every 90 days/FTM within 30 days of opening to develop plan.</li> <li>Update case plan through FTM within 30 days if placement changes or other significant changes in the case/caseworker &amp; family regularly review progress &amp; sign case plan revisions/At least quarterly, caseworker and supervisor review case plan with parents &amp; discuss progress, options, timelines for permanency</li> <li>FTM &amp; aftercare plan developed prior to placement with relative to support the family and ensure child safety.</li> <li>The permanency option of long term foster care is not allowed, but durable legal custody is allowed.</li> <li>Emancipation can only be a goal for children 16 years old(er) with court approval/ after ruling out other goals.</li> <li>Concurrent planning must address the potential for reunification, possible permanent relative placement and monthly contact between the caseworker and parents to address progress and involve them in decisions.</li> <li>Diligent efforts are to be made to locate and involve absent parents in case planning.</li> <li>Frequent, high quality visits are to occur between caseworker and child twice monthly, one time of which must be in the child's placement, and the caseworker must meet with the child separately/children in treatment foster care are to be visited by the treatment foster care provider every 2 weeks/caseworker must meet with the child's biological parents at least monthly.</li> <li>Make visits during first month a child is in care &amp; after any placement change to assess child's adjustment.</li> <li>There must be documented efforts of diligent searches for absent parents.</li> </ul>	
<b>ACTIVITY</b>	<b>WHERE IN THE LIFE OF THE CASE</b>	<b>PRACTICE GUIDANCE</b>
<b><i>Engage and involve families in the assessment process</i></b>	<ul style="list-style-type: none"> <li>Prior to developing case plan</li> <li>At caseworker visits with family members</li> <li>At assessment updates &amp; prior to 6-month case plan updates</li> </ul>	<ul style="list-style-type: none"> <li>Identify/locate relevant family members who should be involved in the plan and whose strengths and needs should be assessed, including absent parents, extended family.</li> <li>Prepare family members to participate in the assessment by explaining what it is about, how the information will be used, how they can contribute to it.</li> <li>Ask individual children and youth to identify their strengths and needs.</li> <li>Ask parents to identify individual and family strengths and areas of need</li> <li>Identify cultural/background issues that affect parenting or service delivery</li> <li>Explore underlying issues with parents &amp; age-appropriate youth, such as domestic violence, substance abuse, mental health issues, developmental concerns</li> <li>Review strengths and needs on a regular basis during visitation with each family member, and update status of issues in assessment, progress, emerging concerns.</li> <li>Advise/consult with parents about specialized assessments, e.g., mental health, health, developmental, etc., for them or their children/ involve them in the evaluation process.</li> <li>Consult with youth about assessments for independent living/transitional living</li> <li>Coordinate with IL service providers to ensure all assessment information is available to youth and for developing case plan</li> <li>Inform parents of results of strengths and needs assessments and specialized assessments and discuss implications for case plans, services, goal achievement</li> </ul>
<b><i>Involve families in developing case plan</i></b>	<ul style="list-style-type: none"> <li>Within first 30 days of placement</li> <li>Every 90 days after initial case</li> </ul>	<ul style="list-style-type: none"> <li>Identify relevant family members who should participate in meetings to develop case plans, including extended family, non-custodial parents.</li> <li>Provide families the opportunity to include others in case plan meetings, e.g., advocates, mentors, close friends, service providers</li> <li>Provide services to support participation, e.g., transportation, flexible schedule, child care</li> </ul>

	<ul style="list-style-type: none"> <li>plan</li> <li>When placements or family's situation change</li> </ul>	<ul style="list-style-type: none"> <li>Always include youth in foster care in planning unless documented reasons not to.</li> <li>Inform children and family of case plan meetings; explain purpose, roles, responsibilities.</li> <li>Prepare family members to participate, e.g., how to provide input, importance of the plan.</li> <li>Identify and discuss with family any non-negotiable issues prior to the case plan meeting, such as ensuring the child's safety or court-ordered case plan provisions.</li> <li>Come to case plan meetings knowledgeable of assessment information and the child's &amp; family's circumstances/prepare to develop plan in the meeting, not in advance.</li> <li>Facilitate case plan meetings purposefully, identify issues, listen to and include children and families, clarify strengths and needs.</li> <li>Discuss independent /transitional living plan issues with older youth and their parents/caretakers, and solicit their input on services.</li> <li>Encourage family members to identify strengths, their perceptions of their needs &amp; services that can address needs, preferences for service providers, locations of services</li> <li>Ensure case plans reflect family input</li> <li>Document case plan promptly/ all family members sign the case plan.</li> </ul>
<b>Use caseworker visits to involve child and family</b>	<ul style="list-style-type: none"> <li>At assessment</li> <li>Prior to developing case plan</li> <li>At least two times a month with children</li> <li>At least one time a month with birth family</li> </ul>	<ul style="list-style-type: none"> <li>Visit in convenient and comfortable locations at reasonable times for family members</li> <li>Meet with children in placement and at home privately and discuss services, needs, other issues relative to their case plan/ permanency goals. Solicit their input on progress, concerns, needs, and quality of services.</li> <li>Have frequent private meetings with youth to discuss participation in and satisfaction with independent living/transitional living services/goals/needs.</li> <li>Meet with parents privately to discuss progress, goals, services, needs, concerns</li> <li>Raise issues with parents/children/youth that arise between visits or through contacts with service providers, foster caretakers, or other collateral contacts</li> <li>Ensure that visits relate to the provisions of the plan/opportunity for family member input</li> <li>Document all visits in case file, including substance of visits and issues raised by children and parents relative to case plan, services, goals, etc.</li> </ul>
<b>Engage children and family members in Family Team Meetings</b>	<ul style="list-style-type: none"> <li>At initial case plan</li> <li>At all case plan updates</li> <li>When placements, family's situation, or goals change</li> <li>At case closure</li> </ul>	<ul style="list-style-type: none"> <li>Identify and notify all family members who should participate in meetings. Identify other participants of the family's choosing and notify.</li> <li>Schedule meetings at convenient times/locations for the family. Provide needed services to facilitate their participation, e.g., transportation, child care.</li> <li>Prepare the family to participate in meetings, e.g., explain purpose, roles, responsibilities, agenda, how information will be used</li> <li>Plan for sensitive information and how it may affect children during meetings</li> <li>Facilitate meetings, providing all family members opportunities to participate; manage disputes/disagreements by lessening tension &amp; moderating discussion</li> <li>If the meeting is occurring for case plan development, ensure that all pertinent family members sign the case plan at the conclusion of the meeting.</li> </ul>
<b>Facilitate parent's involvement with children during foster care placements</b>	<ul style="list-style-type: none"> <li>At assessment</li> <li>At initial case plan</li> <li>During visits</li> <li>At case plan updates</li> </ul>	<ul style="list-style-type: none"> <li>Assess for level of parental involvement with children that is safe &amp; appropriate</li> <li>Attempt to place children in close proximity to parents to facilitate their involvement</li> <li>Consult/include foster caretakers about parental involvement &amp; encourage their support</li> <li>Facilitate meetings between parents and foster caretakers when they are both agreeable</li> <li>In consultation with &amp; having approval from foster caretakers and parents, help them to develop plans for specific activities in which parents can participate</li> <li>Discuss parental involvement in FTMs, preferably with foster caretakers involved</li> <li>Include levels of participation/specific activities in case plans</li> <li>Monitor involvement closely/visit frequently in foster care setting/ discuss with caretakers/parents/children</li> <li>Evaluate safety and risk to children at all visits</li> <li>Modify plans as needed and promptly address safety/risk issues</li> </ul>

# Practice Guide

## Mobilizing Appropriate Services Timely

<b>OUTCOMES</b>	<ul style="list-style-type: none"> <li>• All children and families involved with DFCS will have Individual Service Plans that include services that are tailored to their individual strengths and needs.</li> <li>• DFCS has developed an array of services that allow for the delivery of services that are tailored to meet the individual strengths and needs of the child and family.</li> </ul>	
<b>R E Q U I R E M E N T S</b>	<ul style="list-style-type: none"> <li>• <i>General:</i> Prompt provision of services to manage risk, assure safety, and prevent recurrence/ obtained immediately if there are basic unmet needs/ provide for services incl therapy, MH, education, DV, MH, substance abuse /Link services to identified needs/Services must be related to permanency goal</li> <li>• Provide support services to children in placement to stabilize, support and minimize moves.</li> <li>• Medical, dental, and MH records are given to providers.</li> <li>• Provide all children with needed MH, developmental, substance abuse screenings &amp; services, and intensive services such as TFC.</li> <li>• <i>Reunification:</i> Timely and appropriate efforts to achieve reunification/Final discharge team meeting before closing a case/Provide aftercare services to children and parents when reunification occurs</li> <li>• <i>Adoption:</i> Prompt efforts to achieve adoption/Weekly status meetings with consultant, adoption specialist, supervisor &amp; worker in cases involving infants/Monthly conferences for other children awaiting adoption.</li> <li>• <i>Independent Living:</i> IL Plan for youth ages 14–20/Review &amp; update every 90 days/Prompt and adequate IL and transitional living services to youth in foster care/Ensure youth transitioning to independence has adequate living arrangement, a source of income and health care/Provide educational and training vouchers and assistance in locating &amp; enrolling in educational or vocational programs/Provide information about a range of services to the youth across systems/Develop an aftercare plan in advance of case closing and identify steps for obtaining any needed services that are identified/Assist youth in obtaining documents &amp; services necessary to function as independent adults, i.e., health insurance &amp; records/ Youth to be given 6 months advance notice of cessation of health, financial, or other benefits that will occur at time of transition/ Provide age-appropriate education and support regarding pregnancy prevention, responsible parenting, sexually transmitted diseases and assistance in obtaining medical insurance, medical records and needed medical, developmental, substance abuse, and MH services.</li> <li>• <i>Caseworker visits:</i> Frequent visits of high quality between caseworker and children/ At least twice monthly visits with child including once monthly in placement &amp; privately with child/Provider visits children in Therapeutic Foster Care (TFC) every 2 weeks/At least monthly visits with parents/Visits are made during 1<sup>st</sup> month child is in care and after any change in placement to assess child's adjustment.</li> </ul>	
<b>ACTIVITY</b>	<b>WHERE IN THE LIFE OF THE CASE</b>	<b>PRACTICE GUIDANCE</b>
<b>Link services to individual needs in case planning</b>	<ul style="list-style-type: none"> <li>• Assessment</li> <li>• Prior to developing case plan</li> <li>• At caseworker visits &amp; FTMs</li> <li>• When family's situation changes</li> </ul>	<ul style="list-style-type: none"> <li>• Review &amp; use information from safety assessment, strengths &amp; needs assessment, all case record information, reports from providers</li> <li>• Link IL and TL needs/plans with family's case plan to identify need for individual IL services</li> <li>• Identify &amp; locate all relevant family members whose needs/services should be addressed</li> <li>• Prepare children/families to participate in case plan meetings by explaining what will happen, importance of plan, encourage to consider their strengths &amp; needs</li> <li>• Facilitate FTMs by encouraging family/child input on strengths/needs and identifying service needs, preferences for providers, and locations of services. Identify relevant cultural, tribal, background issues to be considered in mobilizing appropriate services.</li> <li>• Identify needs before considering the availability of services.</li> <li>• Identify services in collaboration with child and family that will best meet identified needs.</li> </ul>
<b>Engage with service providers</b>	<ul style="list-style-type: none"> <li>• Prior to developing case plan</li> <li>• During FTMs &amp; case reviews</li> <li>• During case</li> </ul>	<ul style="list-style-type: none"> <li>• Identify service providers that meet family's needs/preferences/locations/cultural concerns</li> <li>• Obtain necessary Release of Information forms from youth/parent/service provider.</li> <li>• Include relevant service providers in FTMs with permission of child/family</li> <li>• Ensure providers tailor services to, incl frequency, intensity, level, &amp; location of services</li> <li>• Contact service providers frequently for reports on child/family's participation in services and</li> </ul>

	monitoring	<p>progress toward goals/require written reports specific to referral needs</p> <ul style="list-style-type: none"> <li>• Advise service providers of any significant changes affecting delivery of services.</li> </ul>
<b>Clarify specific service needs when making referrals</b>	<ul style="list-style-type: none"> <li>• At case plan development &amp; reviews</li> <li>• At service referrals</li> <li>• Caseworker visits and FTMs</li> <li>• When situation changes</li> </ul>	<ul style="list-style-type: none"> <li>• Select providers whose array of services match the child's/family's needs</li> <li>• Provide written referrals for services that identify needs of family members, goals of the service, time frames to complete services/achieve goals, barriers to receiving services.</li> <li>• Clarify jointly with family members and service providers the expectations of services, including frequency, level, location, goals, and duration of services.</li> <li>• Document service referrals and reviews of services provided in case plan.</li> <li>• Make payment for services contingent upon delivery of services specified in referral.</li> <li>• As circumstances change &amp;/or family progresses, review progress jointly with family members &amp; providers, adjust services as needed, confirm in writing, document in case plan.</li> </ul>
<b>Provide services promptly &amp; early to address safety &amp; risk issues</b>	<ul style="list-style-type: none"> <li>• During investigation</li> <li>• Assessment</li> <li>• Prior to case plan development</li> </ul>	<ul style="list-style-type: none"> <li>• Use safety &amp; risk assessment to identify immediate needs to protect children</li> <li>• Use strengths &amp; needs assessment to identify immediate needs to protect children</li> <li>• Make verbal &amp; written referrals to appropriate service providers when needs for services are identified, i.e., during investigation, during assessment, prior to case plan development</li> <li>• Immediate follow-up with providers to ensure response to referrals/mobilizing of services</li> <li>• Document service referrals/provision in case file &amp; review/revise as needed in case plan</li> </ul>
<b>Provide services on an ongoing basis to address permanency goal.</b>	<ul style="list-style-type: none"> <li>• At case plan reviews &amp; updates</li> <li>• At caseworker visits and FTMs</li> <li>• At court hearings &amp; reviews</li> <li>• When situation changes</li> </ul>	<ul style="list-style-type: none"> <li>• Update assessment/review case plan at required intervals &amp; evaluate progress toward achieving permanency goals/use updated information to evaluate need for services</li> <li>• Monitor service provision to ensure conformity with case plan/identified needs</li> <li>• Evaluate with child/family/service provider the effectiveness of current services &amp; adjust service levels, intensity, type, location, duration as needed. Change providers if indicated.</li> <li>• In FTMs and caseworker visits, ensure that services are directly linked to overcoming barriers to achieving permanency goals within prescribed time frames.</li> <li>• Make prompt written service referral as soon as need is indicated/specify level, intensity, duration, type of service requested.</li> <li>• Revise case plan with child/family when new services are implemented/ link to goals.</li> <li>• Notify service providers of significant events/changes with child/family or changes in goal</li> </ul>
<b>Use caseworker visits to mobilize services</b>	<ul style="list-style-type: none"> <li>• Caseworker visits</li> </ul>	<ul style="list-style-type: none"> <li>• Visit with individual family members at required intervals or more frequently if indicated</li> <li>• Discuss effectiveness/satisfaction with services, progress toward goals, emerging issues, changes/Identify needs for changes in service delivery with family members</li> <li>• Determine need to convene FTM or involve service providers in discussions</li> </ul>
<b>Provide services to children in placement</b>	<ul style="list-style-type: none"> <li>• At case plan development/revision</li> <li>• Re-assessmt</li> <li>• Caseworker visits</li> </ul>	<ul style="list-style-type: none"> <li>• Identify child's strengths &amp; needs in initial &amp; updated assessments/refer or provide services</li> <li>• Match placement setting to child's individual needs</li> <li>• Identify resource parents' needs for services to care for child/refer or provide services</li> <li>• Provide resource parents with all information about child and service needs</li> <li>• Visit frequently in resource home/interview resource parents &amp; child separately/evaluate effectiveness of services, need to revise services or implement new services.</li> </ul>
<b>Monitor and evaluate the effectiveness of services</b>	<ul style="list-style-type: none"> <li>• Case plan reviews</li> <li>• Caseworker visits &amp; FTMs</li> <li>• When situation changes</li> </ul>	<ul style="list-style-type: none"> <li>• Review case plan quarterly for continuing appropriateness of services provided</li> <li>• During visits, discuss with individual family members effectiveness of services/other needs</li> <li>• Meet with service providers frequently/discuss effectiveness of services/progress/new needs</li> <li>• With family's approval, invite the service provider to any Family Team Meetings</li> <li>• Make changes in services indicated by lack of progress/info obtained/changes in goals</li> </ul>
<b>Provide services at the time of discharge and case closure.</b>	<ul style="list-style-type: none"> <li>• At final FTM</li> <li>• Re-assessm't</li> <li>• 6 months before discharging youth from foster care</li> <li>• Case closure</li> </ul>	<ul style="list-style-type: none"> <li>• Identify post-discharge/closure needs for services in updated assessments</li> <li>• Convene discharge FTM with youth/family/significant parties at least 6 months in advance of discharge/case closure to identify needs/develop after care plan with services specified</li> <li>• Make written service referrals and follow-up with providers</li> <li>• Provide youth/family with documentation/information needed to secure needed services</li> <li>• Link family/youth with community resources for general support/ongoing services</li> <li>• Provide contact information for youth/family to contact agency as needed</li> </ul>

## Practice Guide

### Preserving and Maintaining Connections

<b>OUTCOMES</b>	<ul style="list-style-type: none"> <li>All children in out-of-home care will maintain relationships with family &amp; other persons with whom they have a strong connection, their tribe, community, &amp; school, whenever safe and appropriate.</li> <li>Families actively participate in the parenting and rearing of their children if safe while in foster care.</li> </ul>
<b>R E Q U I R E M E N T S</b>	<ul style="list-style-type: none"> <li>Children are placed in this priority order: with siblings, with kin, or foster home in proximity to family.</li> <li>Provide all relevant information to resource parents/facilities; resource parents &amp; birth parents meet.</li> <li>Provide services to promote constructive parent-child visitation and to remove barriers to contact.</li> <li>Aftercare plan developed and finalized in advance of case closing to ensure orderly transition.</li> <li>90 day trial home visit &amp; aftercare plan prior to reunification/ visits to home twice monthly to interview child without parent or caregiver present.</li> <li>Advise potential adoptive families of subsidies &amp; post-adoption services.</li> <li>Place children within county or 50 miles of home unless approved exception.</li> <li>Place siblings together unless unsafe, exceptional needs, or large sibling group size/Diligent efforts to reunite separated siblings/Monthly visits between separated siblings unless court limits</li> <li>Prioritize relatives as resources for placement, visiting and support/phone calls within 24 hours if no visit</li> <li>Contacts between parents/child/separated siblings; visits within 24 hours of placement unless reasons not to/phone call if no visit; Provide support to preserve relationships &amp; parenting skills; Document visits</li> <li>Minimum of two visits per month between parents/child unless limited by court order/Visitation plan at FTM within 30 days based on child's needs and goals &amp; parents' schedule, and updated every 90 days</li> <li>Assist youth to develop social networks and relationships with caring individuals (family, tribe, faith); Ensure youth has access to at least one committed, caring adult and to cultural supports.</li> <li>Maintain child's current school placement for child entering foster care.</li> <li>Adoption preference given to foster parents caring for a child for 12 months or longer unless unsuitable</li> <li>Caseworker visits with children (at least twice monthly, once in placement setting, meet separately with child, twice monthly visits by therapeutic FC provider, visit in 1st month &amp; after placement change)</li> <li>Diligent efforts to notify tribal authorities.</li> <li>Caseworker meets at least monthly with parents/documents diligent efforts to locate absent parents</li> </ul>

ACTIVITY	WHERE IN THE LIFE OF THE CASE	PRACTICE GUIDANCE
<ul style="list-style-type: none"> <li><b>Identify and locate relevant family members</b></li> <li><b>Identify other important connections</b></li> <li><b>Identify and evaluate relative placement resources early</b></li> </ul>	<ul style="list-style-type: none"> <li>At investigation</li> <li>At assessment</li> <li>Prior to placement</li> <li>Prior to developing case plan</li> <li>At routine intervals, e.g., at case plan updates</li> </ul>	<ul style="list-style-type: none"> <li>Review all case file documentation for info on family, connections, contact info</li> <li>During investigation, ask caregivers to identify all relevant family members for potential placement resources and for connections, including contact information.</li> <li>Ask parents/caregivers for family members with whom they feel supported, for the purposes of involvement in family team meetings and other case events.</li> <li>Ask parents/caregivers about non-custodial parents/obtain contact information.</li> <li>Search for non-custodial parents &amp; their family members through case files, phone directories, child support system, info provided by family</li> <li>Contact and evaluate non-custodial parents/relatives and determine interest &amp; suitability for involvement in case planning, decision making</li> <li>Ask parents/children about heritage/school/ friends/ traditions/ family members/ faith</li> <li>Re-evaluate family members and connections at regular intervals (case plan updates)</li> <li>Observe family relationships and how the family and child relate to each other.</li> <li>Document information obtained from children and family members in case file.</li> </ul>
<ul style="list-style-type: none"> <li><b>Use caseworker visits to preserve connections and</b></li> </ul>	<ul style="list-style-type: none"> <li>At caseworker visits with family &amp; resource parents</li> <li>At assessment and case plan</li> </ul>	<ul style="list-style-type: none"> <li>Prepare for caseworker visits by knowing about important connections, visiting schedules, and so forth</li> <li>Meet with children/parents privately &amp; discuss satisfaction with relationships, contacts, reactions, quality of visits, support needs to strengthen contacts/interaction</li> <li>Follow-up on identified needs for more or less contact/interaction</li> </ul>

<b>relationships</b>	updates	<ul style="list-style-type: none"> <li>• Interview foster caretakers privately about child's needs for connections/interaction</li> <li>• Observe children's interaction with family members and others/note needs for casework attention and service provision</li> </ul>
<b>Use strengths and needs assessment information to identify relationships &amp; connections</b>	<ul style="list-style-type: none"> <li>• At assessment</li> <li>• Prior to developing case plan</li> <li>• Assessment &amp; case plan updates</li> </ul>	<ul style="list-style-type: none"> <li>• Identify important connections and relationships of children during initial assessments (in assessing both children and parents)</li> <li>• Assess individual children's connections &amp; relationships</li> <li>• Update and re-evaluate connection/relationship information at assessment updates</li> <li>• Identify potential caring individuals for youth in foster care; obtain contact information</li> <li>• Evaluate youth's interests, plans, needs and the connections that support them</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Use FTMs to develop plans to preserve relationships and connections</b></li> <li>• <b>Address connections in initial and updated case plans</b></li> </ul>	<ul style="list-style-type: none"> <li>• When case plan is developed</li> <li>• At all FTMs</li> <li>• At all case plan updates</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that all relevant family members are invited and supported to attend FTMs, including non-custodial parents and age-appropriate children/youth</li> <li>• Hold FTMs at least every 90 days to review ISPs; more often if circumstances change</li> <li>• Include in FTMs persons with strong connections/ties to the child as appropriate &amp; with family's permission, e.g., mentors, family advocates, etc.</li> <li>• Develop detailed visitation plan in FTM; include family and other relevant parties</li> <li>• Monitor &amp; update visitation plan every 90 days</li> <li>• Ensure that relationship/connections issues and plans are included in initial case plans; re-evaluate, update at each case plan update, based on new assessment info</li> <li>• Address involvement of caring adults for youth in IL/TL plans; monitor &amp; update at least every six months</li> <li>• Identify services/supports needed to maintain connections/relationships in case plans</li> </ul>
<b>Support family involvement with children in care</b>	<ul style="list-style-type: none"> <li>• Within 24 hours of placement</li> <li>• In initial case plans</li> <li>• In updated case plans</li> <li>• At FTMs</li> <li>• When family or individual circumstances change</li> </ul>	<ul style="list-style-type: none"> <li>• Prepare family members prior to visits on what to expect &amp; how to support each other.</li> <li>• Arrange early initial visits after placement (within 24 hours)</li> <li>• Plan for multiple means of contact where appropriate (visits, calls, other contacts)</li> <li>• Discuss/prepare resource parents to support child's contacts and relationships</li> <li>• Make visiting plans in FTMs and jointly with parents and resource parents</li> <li>• Facilitate meetings and planning between parents and resource parents on opportunities for parental involvement in parenting their children in foster care</li> <li>• Monitor/discuss contacts and reactions, and adjust plans as needed</li> <li>• Provide support services to enable parental/family contact/interaction</li> <li>• Provide supervision of contacts/interaction based on safety/risk needs</li> </ul>
<b>Identify and support tribal affiliations or Indian heritage &amp; other cultural background</b>	<ul style="list-style-type: none"> <li>• At investigation</li> <li>• At assessment</li> <li>• At initial case plan/updates</li> </ul>	<ul style="list-style-type: none"> <li>• Identify Indian &amp; other cultural affiliations in assessment</li> <li>• Notify relevant tribes of the agency's involvement during investigation &amp; at placement</li> <li>• Follow-up with tribes if necessary to ensure notification</li> <li>• Seek assistance from Tribe in locating Native foster homes</li> <li>• Include resource parents in case planning, and address activities steps to maintain tribal or other cultural heritage in the plan</li> <li>• Monitor compliance with plans and revise as needed</li> </ul>
<b>Advocate for school consistency</b>	<ul style="list-style-type: none"> <li>• At assessment</li> <li>• At case plan</li> <li>• During case monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• Place children in proximity to current school</li> <li>• Identify appropriateness of/need to maintain school placement in assessment</li> <li>• Enlist parent/resource parents in supporting school placement, e.g., transportation</li> <li>• Meet and plan with school officials to maintain school placement</li> <li>• Monitor, review plans, and revise as needed to support school placement</li> </ul>
<b>Place children in foster care settings that support their connections</b>	<ul style="list-style-type: none"> <li>• At assessment</li> <li>• At placement</li> <li>• At case plan &amp; updates</li> </ul>	<ul style="list-style-type: none"> <li>• Use relative resources as placements when appropriate/ask Tribes for assistance</li> <li>• Place in proximity to home, community, school</li> <li>• Engage parents/resource parents in case plans to support connections/relationships</li> <li>• Facilitate relationships between foster caregivers, parents, other family members</li> <li>• As needed, plan for regular contacts with members of Tribe, faith, community, friends</li> <li>• If siblings are separated, actively plan to place together unless not appropriate</li> </ul>



# Practice Guide

## Developing the Safety Plan

<b>OUTCOMES</b>	<ul style="list-style-type: none"> <li>• Children are safely maintained in their homes whenever safe and appropriate.</li> <li>• Safety plans protect child(ren) in the home and promote permanency by preventing removal or re-entry into foster care, or unnecessary placement disruption.</li> </ul>	
<b>DEFINITION</b>	<ul style="list-style-type: none"> <li>• A Safety plan is a specific and concrete strategy for controlling threats of serious harm or supplementing protective capacities designed to control a safety threat immediately. Safety plans are separate and distinct from the Individual Service Plan which addresses the behavioral changes required over time. A Safety Plan is a written agreement between the family and the agency.             <ul style="list-style-type: none"> <li>○ Safety plans protect child(ren) in a way that is least intrusive to family unity and privacy.</li> <li>○ Safety plans are developed mutually by the social worker and the family/caregiver through collaboration and shared responsibility.</li> <li>○ Safety plans allow for caregiver self-determination through full disclosure by the social worker.</li> <li>○ Monitoring of safety plans requires diligence and accountability from all involved.</li> </ul> </li> </ul>	
<b>R E Q U I R E M E N T S</b>	<ul style="list-style-type: none"> <li>• Develop initial safety plans with family involvement. when child(ren) are found to be unsafe based upon formal or informal safety assessment; and safety interventions control safety threats and maintain children safely within their own families.</li> <li>• Develop safety plans with resource parents, group home/facilities, or any court ordered placement to control safety threats &amp; maintain permanency.</li> <li>• Make reasonable efforts to maintain children with family or in their relative placement setting by developing a safety plan which does not require DFCS to take custody or disrupt a placement unless it is necessary to protect the child.</li> <li>• The worker explains to the parent/caretaker their responsibility for carrying out the specific components of the safety plan and the consequences of doing or not doing so.</li> <li>• The safety plan will be monitored by the Worker throughout the life of the case.</li> <li>• The safety plan will be entered in MACWIS if the case is opened after the safety plan was added to MACWIS or there is a new investigation:             <ul style="list-style-type: none"> <li>○ Navigate to the SAFETY tab in the Investigation</li> <li>○ Click the SAFETY PLAN button to access the Safety Plan</li> <li>○ Complete each of the 8 questions by selecting the YES or NO radio button</li> <li>○ Enter a narrative in the text box below each</li> <li>○ Print the Safety Plan</li> </ul> </li> <li>• The printed copy is signed by the worker, parent/caregiver, supervisor and a copy given to parent/caregiver and the signed original placed in case file.</li> <li>• For cases opened prior to the addition of the Safety Plan to MACWIS, the electronic copy of the Safety Plan is available on the Data Dashboard. Follow the instructions for the printed copy from MACWIS.</li> <li>• Document in MACWIS that a Safety Plan has been completed and signed by the caregivers.</li> <li>• A Family Team Meeting (FTM) is required during an investigation when safety and risk factors are identified and a safety plan is needed to prevent DFCS from taking custody.</li> <li>• A case may not be closed if there is a safety plan in place, including informal placement of a child with a relative. Changes in custody should be granted by the court before the case may be closed.</li> <li>• Screen children to see if they pose a threat to other children in home and whether a safety plan is needed.</li> </ul>	
<b>ACTIVITY</b>	<b>WHERE IN THE CASE</b>	<b>PRACTICE GUIDANCE</b>
<i>Evaluate the presence of present or impending danger</i>	<ul style="list-style-type: none"> <li>• Investigation</li> <li>• Case plan development</li> </ul>	<ul style="list-style-type: none"> <li>• Gather information through observations &amp; interviews to determine if a child is in danger.</li> <li>• Determine if safety threats are active and causing immediate danger of serious harm.</li> <li>• Determine if conditions in the home indicate the child is always in impending danger because risk and safety factors in the family are escalating and/or protective capacities are diminishing.</li> <li>• Use assessment findings to determine if a safety plan is required &amp; if services are needed.</li> </ul>

<b>Assess Protective Capacities to mitigate safety threats</b>	<ul style="list-style-type: none"> <li>Investigation</li> <li>Case Plan Development</li> <li>Reunification</li> <li>Case Closure</li> </ul>	<ul style="list-style-type: none"> <li>Determine if there is a non-maltreating caregiver in the home who is willing and able to protect the child.</li> <li>Determine if the caregiver is able to articulate a plan to protect the child(ren).</li> <li>Inquire if there are extended family members who are willing and able to assure safety.</li> </ul>
<b>Engage and Involve the Family in Safety Planning</b>	<ul style="list-style-type: none"> <li>Investigation</li> <li>Case Plan Development</li> <li>Reunification</li> </ul>	<ul style="list-style-type: none"> <li>Discuss with the family the conditions and requirements for ensuring the child's safety.</li> <li>Discuss the supports the family feels it needs to ensure the child's safety.</li> <li>Ask the family to identify extended family, friends or community members who would be willing to join with the family and agency to keep the child(ren) safe.</li> <li>Ask/recommend service providers that can assist the family to keep the child(ren) safe.</li> </ul>
<b>Develop Safety Actions</b>	<ul style="list-style-type: none"> <li>Investigation</li> <li>Case Plan Development</li> <li>Reunification</li> </ul>	<ul style="list-style-type: none"> <li>Consider if behavior management such as supervision of caregiver behavior is appropriate to immediately control the behavior that is a threat to child safety.</li> <li>Consider if crisis management services are available to resolve the crisis that precipitated the safety threat.</li> <li>Consider if social connections are available to reduce isolation and provide social support to enhance caregiver protective capacities.</li> <li>Determine if a temporary separation of the child and the perpetrator is necessary to mitigate safety threats.</li> <li>Determine if the immediate addition of concrete resources such as food, clothing, shelter, transportation, or income will mitigate safety threats.</li> <li>Safety Plans cannot be based upon parent/caregiver promises alone but upon interventions and services with the explicit goal of ensuring the child's safety.</li> </ul>
<b>Consider the sufficiency of the Safety Plan</b>	<ul style="list-style-type: none"> <li>Investigation</li> <li>When family's situation changes</li> <li>Reunification</li> </ul>	<ul style="list-style-type: none"> <li>Determine if the safety interventions and services are directly related to the safety concerns identified in the safety assessment.</li> <li>Determine the time frames for the safety plan.</li> <li>Determine if the language used in the safety plan is understandable by the family/caregiver and that they are signing it willingly.</li> <li>Ensure that the safety intervention will produce the immediate effect of controlling safety threats.</li> <li>Assess if the participants in the safety plan are trustworthy, committed, supportive, flexible, and available and able to carry out their responsibilities in the plan.</li> </ul>
<b>Address safety and risk in case plans</b>	<ul style="list-style-type: none"> <li>Within 30 days of placement/ case opening</li> <li>At least every 90 days</li> <li>Whenever circumstances change</li> </ul>	<ul style="list-style-type: none"> <li>Analyze information from safety and risk assessments and comprehensive strengths and needs assessments to identify safety &amp; risk issues that must be addressed in case plan.</li> <li>At FTM, discuss findings from the assessments, non-negotiable safety &amp; risk concerns, and assist family to identify goals, tasks and service needs to protect child(ren).</li> <li>With family, develop case plan goals &amp; tasks that will assist child's caregiver identify, understand &amp; change behaviors, attitudes or relationships that produce or maintain safety concerns, &amp; to strengthen those that increase &amp; sustain protective capacities.</li> </ul>
<b>Monitoring the Safety Plan</b>	<ul style="list-style-type: none"> <li>Caseworker visits</li> <li>Collateral contacts</li> </ul>	<ul style="list-style-type: none"> <li>Clearly define the worker's role in monitoring the safety plan including frequency and method.</li> <li>Seek feedback from family members and others with a role in the the plan to determine the effectiveness of the safety plan.</li> <li>Review safety plans minimally every 30 days to determine if it is mitigating safety threats, least intrusive and still needed.</li> <li>Modify the safety plan in person, with the family when new or changed circumstances that affect child safety warrant.</li> <li>Keep the supervisor apprised of the status of the safety plan through case staffing and supervision.</li> <li>Document how safety interventions are monitored as well as all visits and contacts in case file and MACWIS.</li> </ul>
<b>Concluding the Safety Plan</b>	<ul style="list-style-type: none"> <li>At any point in the Life of the Case</li> </ul>	<ul style="list-style-type: none"> <li>Informal or formal assessments lead you to believe that parent/caregiver(s) protective capacities are sufficient to protect against threats to child safety.</li> <li>The protective capacities of someone other than the parent are sufficient and available with enough regularity to protect against threats to child safety and child is protected from harm or threats of harm.</li> <li>The safety plan may no longer be needed although case plan goals have not yet been achieved and services are needed to reduce risk or meet other identified needs.</li> </ul>

# Practice Guide

## Strengths and Needs Assessments

<b>OUTCOMES</b>	<ul style="list-style-type: none"> <li>All families receiving services will participate in an ongoing and continuous comprehensive family assessment that identifies the strengths and needs of each member and addresses the underlying conditions that necessitate child welfare intervention.</li> <li>Each family's assessment will inform case planning activities and service provision.</li> </ul>
<b>R E Q U I R E M E N T S</b>	<ul style="list-style-type: none"> <li>Complete comprehensive assessment within 30 days of opening a case or child's entry into foster care and prior to the development of the case plan.</li> <li>Initiate assessment within 72 hours of placement. Interview parents &amp; foster parents within 14 days (10 days if placed in therapeutic foster care).</li> <li>Health screening of all children is done within 72 hours of placement, followed by comprehensive health examination within 30 days.</li> <li>Developmental assessment for children 3 years old and younger, older than three shall be provided with a developmental assessment if factors indicate an assessment is warranted. All foster children shall be provided with needed follow up developmental services.</li> <li>Mental health screening for children, 4 years of age and older, is completed within 30 days after placement. Secure early intervention services and/or a full mental health examination if results indicate the need.</li> <li>Educational screening is done for children within 30 days of placement; enroll in accredited school within 3 days of placement. Services are provided based on assessment of educational needs.</li> <li>Dental examination for all children 3 yrs. or older within 90 days of placement and then every six months.</li> <li>Assessment evaluates child's needs for intensive and supportive services, including placement in a therapeutic foster home.</li> <li>As part of ongoing assessment, visit children in foster care twice per month, at least once in the placement to include separate interviews with the child; visit biological parents at least once per month; interview foster parents at least once per month.</li> <li>Document the assessment in case file and maintain health histories and records to disseminate to caregivers, health care professionals, and youth when appropriate.</li> <li>Supervisors document written approval of the assessment prior to the development of the case plan.</li> </ul>

ACTIVITY	WHERE IN THE LIFE OF THE CASE	PRACTICE GUIDANCE
<b><i>Initiate comprehensive family assessment that builds on initial safety/risk assessments</i></b>	<ul style="list-style-type: none"> <li>Prior to developing case plan</li> </ul>	<ul style="list-style-type: none"> <li>Review historical case information, court documents, school reports, and mental health and medical evaluations.</li> <li>Review initial safety/risk assessment and identify strengths, safety concerns, and risk issues to be included in the assessment.</li> <li>Obtain initial medical, dental, mental health, and educational screenings.</li> <li>Meet with the family to discuss purpose of assessment and gather information relating to key life domains, strengths and needs, and capacities/resources.</li> <li>Observe &amp; note conditions in the home, attitudes &amp; behaviors of family members, and how they relate to each other &amp; the caseworker. Explore the family's connections with other individuals that may affect future case planning.</li> <li>Interview relatives, noncustodial parents, and other relevant caregivers and collaterals for information on the family's strengths and needs.</li> <li>Organize and analyze the areas that must improve, including underlying issues, and what resources will best enable the family to make changes.</li> <li>Document the assessment in the case record for case planning &amp; future updates.</li> </ul>
<b><i>Engage and involve parents and children to identify strengths and needs in</i></b>	<ul style="list-style-type: none"> <li>Prior to developing case plan</li> <li>At all caseworker visits with family members</li> </ul>	<ul style="list-style-type: none"> <li>Prepare family members to participate in the assessment by explaining what it is about, how the information will be used, how they can contribute to it, etc.</li> <li>Ask children to identify family strengths and needs in accordance with their developmental and intellectual capacity; ask of all youth in care.</li> <li>Identify non-custodial parents, relatives, other family members, their locations, and evaluate need to involve. Make contacts with others who need to be involved.</li> </ul>

<b>assessments</b>	<ul style="list-style-type: none"> <li>• At assessment updates &amp; prior to 6-month case plan updates</li> </ul>	<ul style="list-style-type: none"> <li>• Use assessment findings to solicit family's input on each member's assets, issues causing difficulty, &amp; how to improve their circumstances.</li> <li>• In visits with family members, review their strengths and needs and update status of issues in assessment, progress, emerging concerns.</li> </ul>
<b>Conduct specialized screenings, obtain additional evaluations, and make needed referrals for services</b>	<ul style="list-style-type: none"> <li>• Prior to developing case plan</li> <li>• When assessments and case plans are updated</li> </ul>	<ul style="list-style-type: none"> <li>• Use information from medical, dental, mental health, and educational screenings, assessment, &amp; case file information to identify need for more in-depth evaluations</li> <li>• Discuss needs for specialized screenings/evaluations with parents and relevant family members; determine providers/locations that can best serve them</li> <li>• Assess individual health, dental, developmental, mental health, and educational needs of children and families</li> <li>• Make prompt referrals for additional evaluations and needed services as soon as need is identified. Involve family in decisions about where to obtain the services</li> <li>• Clarify with providers the precise needs for screening/evaluation or services and ensure provider has the information needed to proceed</li> <li>• Identify &amp; provide assistance the family may need in participating in evaluations</li> <li>• Obtain copies from service providers of the results of the evaluations</li> <li>• Discuss assessment findings and recommendations with the family and seek their views and perspectives about the information and any conclusions that are drawn.</li> <li>• Document the family's current circumstances, status of progress in achieving goals, &amp; new findings that need to be incorporated into updated assessment.</li> <li>• Provide copies of medical, dental, education, mental health information on children in care to their foster caretakers – update as needed</li> </ul>
<b>Use assessment to develop case plan</b>	<ul style="list-style-type: none"> <li>• When case plan is developed</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with family to discuss findings from the assessments and initial impressions regarding the most pressing and critical issues to be addressed in the case plan.</li> <li>• Sort and analyze all information and assessment findings</li> <li>• Come to meetings understanding the issues from assessments that must be addressed in case plans; know what is negotiable and not negotiable, e.g., safety/risk issues must be addressed; know what to prioritize</li> <li>• Discuss with family the relevant issues in assessments that should be addressed, solicit input from family members on how to address, steps &amp; activities involved, etc. Assure that all relevant issues are included in case plan</li> <li>• Ensure that assessment info for all relevant family members is addressed in plan</li> <li>• Solicit information from foster caretakers on strengths and needs of children/youth in their care to include in the assessment</li> </ul>
<b>Update assessments on a regular basis</b>	<ul style="list-style-type: none"> <li>• At least every six months</li> <li>• Prior to updating case plan</li> <li>• Whenever family or individual circumstances change substantially</li> </ul>	<ul style="list-style-type: none"> <li>• In visits with family members, ask about changes in strengths/needs with regard to assessment issues and identify emerging issues that need assessing</li> <li>• Meet individually with family members, including relevant non-custodial parents, to observe and discuss strengths/needs with regard to assessment issues</li> <li>• Track and make referrals for ongoing periodic screenings and assessments, e.g., EPSDT, and follow-up assessment activities for other screenings/evaluations, e.g., re-testing for educational status, re-evaluation of mental health issues</li> <li>• Make prompt and clearly defined referrals for additional or updated specialized evaluations needed as circumstances change or new needs emerge</li> <li>• Obtain copies of new/updated screenings/evaluations and use in revising plans</li> <li>• Make direct contacts with providers of assessments/evaluations (with family's consent) to evaluate progress, identify needs, etc.</li> <li>• Discuss progress/needs with relevant family members and foster caretakers</li> </ul>
<b>Conduct a current assessment prior to case closure</b>	<ul style="list-style-type: none"> <li>• When case closure is being considered</li> </ul>	<ul style="list-style-type: none"> <li>• Gather information from child, family, caregivers, &amp; service providers on progress in achieving goals &amp; correcting underlying issues contributing to needs.</li> <li>• Meet with family to discuss readiness and preparation for proposed case closure.</li> <li>• Identify presenting safety/risk issues and future risk of harm in the foreseeable future relating to the child's living situation and responsible caregivers</li> <li>• Obtain needed supports and make referrals for services that can ensure the safety and stability of the child and family when the case is closed.</li> <li>• Provide documents to the child, family, and/or caregiver regarding health, education, identification, and entitlements to services that can assist in the future.</li> <li>• Document the updated assessment information in the record prior to case closure.</li> </ul>

## Practice Guide

### Social Worker Visits

<b>OUTCOMES</b>	<ul style="list-style-type: none"> <li>• Social worker visits with youth, children, parents, and resource parents consistently address child safety, placement stability, child well-being, and permanency.</li> </ul>	
<b>R E Q U I R E M E N T S</b>	<ul style="list-style-type: none"> <li>• Frequent high quality visits between DFCS caseworker and children occur at least twice monthly; meet face-to-face with child and, when age appropriate, alone; at least one visit per month occurs in child's placement.</li> <li>• Visit with child within 72 hours of initial placement and any placement moves, to assess the child's adjustment to placement; with the child's parents within the first two weeks of initial placement; and with the foster care provider within the first two weeks of any placement.</li> <li>• Immediately meet with resource parents and, if appropriate, child if a threat of placement disruption exists.</li> <li>• Every visit must include an assessment of the child's safety and needs.</li> <li>• Every visit must involve the monitoring of the case plan status including goals and tasks.</li> <li>• At least monthly visits with biological parents/legal caregiver for children with a goal of reunification.</li> <li>• If a child remains in the same out-of-home placement following a report of maltreatment or corporal punishment, a DFCS worker must visit a minimum of twice a month for three months after the conclusion of the investigation to assure the child's safety and well being. These visits will occur in the home/facility.</li> <li>• Regular contacts and at least monthly home visits with non-therapeutic resource parents; weekly contacts and at least twice monthly visits to the therapeutic resource home; all documented in the child's case record.</li> <li>• During a trial home visit, the child's caseworker meets with the child in the home at least twice per month and each meeting shall occur without the parent or caretaker present.</li> <li>• All visits are documented in the child's record.</li> </ul>	
<b>ACTIVITY</b>	<b>WHERE IN THE LIFE OF THE CASE</b>	<b>PRACTICE GUIDANCE</b>
<i><b>Social Worker visits with child and parent</b></i>	<ul style="list-style-type: none"> <li>• Investigation</li> </ul>	<ul style="list-style-type: none"> <li>• Identify safety and risk concerns and the parents' protective capacities, develop safety plans, and determine if case will be opened.</li> <li>• Assess physical home environment and interactions of the family members toward the child and each other as they relate to the child's safety and future risk to the child.</li> <li>• Interview youth/child face-to-face and alone; ask for the child's perception of the allegations and concerns regarding safety or risk to the child and/or other children in the home.</li> <li>• Interview child's caretakers (both if more than one in the home); identify caretakers' protective capacities and underlying conditions, and their perception of the allegations.</li> <li>• Observe and interview all children/youth in the home, not just the identified child.</li> <li>• Develop safety plan with parents/caretakers and youth/child during home visits or FTM.</li> </ul>
<i><b>Social Worker visits with child and parent.</b></i>	<ul style="list-style-type: none"> <li>• As part of assessment process</li> <li>• Prior to developing the case plan</li> <li>• At least two times per month with child</li> <li>• At least one time per month with parent(s) or primary caregiver(s)</li> </ul>	<ul style="list-style-type: none"> <li>• Visit youth/child at least twice monthly in person and alone, at least once in placement; assess safety and well-being, effectiveness/appropriateness of services, progress toward goals, new issues of concern, school performance, and contacts with family members.</li> <li>• Visits with youth are face-to-face and alone, and address independent living and transitional living plans, participation/effectiveness of services, school plans, aftercare plans, services needed, relationships with family/caretakers/other significant adults; make frequent contacts with IL worker for same information and to coordinate activities.</li> <li>• Visit both parent(s)/caretaker(s) at least monthly; discuss effectiveness/appropriateness of services, goal achievement, decisions about their child, and update family's circumstances.</li> <li>• Visit monthly with non-custodial/non-resident parent or document reasons why inappropriate or impossible; discuss relative resources, case plan roles, strengths/needs, services, child support, medical/mental health history; document information in case file, including unsuccessful efforts to locate/engage; re-assess periodically.</li> <li>• Identify/re-assess status of safety and risk concerns for child in-home and in placement, parents'/caretakers' protective capacities/strengths/needs, effectiveness of safety plans, and identify new safety and risk factors or family circumstances needing attention.</li> <li>• Discuss/evaluate case plan compliance by parents/caretakers, child/youth, and agency.</li> <li>• Solicit family members' input into case plan during visits or FTM; evaluate continuing appropriateness of case plan goals, activities, and time frames.</li> </ul>

		<ul style="list-style-type: none"> <li>• Plan visits in advance; identify issues to discuss and primary reason for visit.</li> <li>• When appropriate, model positive parenting techniques for parent(s)/caretaker(s).</li> <li>• Observe and evaluate parent/child interaction, child discipline, nurturing behaviors, parent-child conflict, child developmental levels, and indicators of trauma.</li> <li>• Discuss parent-child relationship strengths and needs, parent-child visits if child is in placement, and parents' level of involvement in placement activities.</li> <li>• Identify cultural/background issues that affect placement, parenting, or service delivery.</li> <li>• Prepare children/family members for upcoming activities including FTMs, Foster Care Reviews, court appearances, and visitation by family members by letting them know what will happen, who will be in attendance, dates and time of events, and discuss supports needed to enable their participation, such as transportation, child care, and so forth.</li> </ul>
<b>Social Worker Visits with Resource Parent</b>	<ul style="list-style-type: none"> <li>• Ongoing in cases where the child is in out-of-home placement</li> </ul>	<ul style="list-style-type: none"> <li>• Make regular contacts with non-therapeutic resource parents and face-to-face visits at least monthly in their home (weekly contacts with therapeutic resource families/at least twice per month in their home); assess child's safety status and needs, share information regarding child, monitor service delivery and progress toward goals; meet with and interview both resource parents if applicable; document dates, participants, content of visits in case file.</li> <li>• Assess resource parents' understanding of child's needs, motivation to meet child's needs, and attitude toward child.</li> <li>• Conduct/document regular safety/risk assessments of child in placement, including physical home environment, interactions between family members/child; identification of household members/roles, concerns reported regarding care of child/other children in home, discipline (including corporal punishment), and child's perception of his/her treatment in the home.</li> <li>• Assess resource family's support of birth family's involvement with child in placement.</li> <li>• If a placement disruption threatens, immediately meet with supervisor, resource parents, youth/age-appropriate child; address reasons for disruption, appropriateness of placement/need for re-placement, and services needed to maintain placement.</li> <li>• If placement disrupts, meet with the individuals identified above within 5 days to address support services needed to allow child to return to the placement, if appropriate, or to determine if the child needs a new placement.</li> </ul>
<b>Social Worker visits with child, parent and resource parent</b>	<ul style="list-style-type: none"> <li>• Reunification</li> <li>• Case closure</li> </ul>	<ul style="list-style-type: none"> <li>• Assess family's ability to have child return home, identify supports needed to sustain reunification, and plan transition from resource home to family home, including home visits.</li> <li>• Conduct/document safety/risk assessment to identify safety/risk factors upon return home.</li> <li>• Develop/document after-care plan including needed services and referrals.</li> <li>• Discuss case closure with family members; discuss how to access services, reporting safety/risk concerns, need for future agency involvement.</li> <li>• During trial home visits the DFCS worker meets with the youth/child in the home at least two times per month without parent or caretaker present; address safety/risk issues, discipline, use/effectiveness of services, reporting concerns.</li> </ul>
<b>Best Practices with Social Worker Visits with child, parent/caregiver or resource parent</b>	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>• Visits occur in the family's home and include seeing/talking to youth/age-appropriate separate from parent/caregiver/resource parent.</li> <li>• Visits that must occur away from the home are in comfortable and convenient locations at reasonable times for the family members.</li> <li>• Visits by private providers do not substitute for visits by the DFCS worker responsible for case planning; regular communication between workers is critical.</li> <li>• In cases where COS and COR workers are both involved with the family, the two workers must talk regularly to coordinate visits and services and evaluate progress/issues/plans.</li> <li>• Use core conditions of helping (empathy, genuineness and respect) in all interactions with family members and the child/youth.</li> <li>• Use solution focused interviewing techniques to engage family members, e.g. (scale of 0-10) how likely is it that you will say no when your boyfriend asks you to go out and leave the child alone?, (coping) considering how overwhelmed you are, how did you make it to our appointment?, and (miracle) what would you do if you could change anything?</li> <li>• Provide full documented disclosure with parents regarding concerns and issues, changes needed, consequences of non-performance, requirements and timeframes.</li> <li>• Document social worker visits with parents, youth/child, resource parents; participants' names/relationship to child; date/ location; nature/extent of services; how visit addressed safety, permanency and well-being; barriers to achieving case goals or tasks; next steps.</li> </ul>