



Supervisor Guide Book:

A Comprehensive Guide to Getting Started as a Supervisor in Child Welfare



Created by the Milwaukee Child Welfare Partnership for Professional Development
for the Bureau of Milwaukee Child Welfare in 2008
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NEW Partnership for Children and Families and the Intertribal Child Welfare Training
Partnership in 2011

Staff Development

As a supervisor, you play an important role in the education of your staff. Not only does staff learn from your supervision, but they benefit from your ability to help them apply their training experiences to the job. Education and ongoing development are necessary for staff to perform well on the job and to develop professionally. It should be no surprise to you that staff will feel more positively about their job as they learn and become more knowledgeable about their position.

The supervisor's role in teaching and staff development includes:

- The Transfer of Learning
- Completing Professional Development Plans with your workers

Transfer of Learning

The *Transfer of Learning* is a process that maximizes the transfer of knowledge and skills that occurs before, during, and after learning occurs. Supervisors, workers, co-workers, and trainers are all a part of this process. Please refer to Appendix E for the Transfer of Learning Principles.

The following is a list of tasks you might consider performing to maximize your worker's learning experience:

- Prior to each training event, sit down together and review the learning objectives.
- Understand the performance need - have you completed the performance analysis (Appendix B) prior to sending the worker to training?
- Be supportive and encouraging to your workers throughout their learning process.
- Give feedback.
- Go to a training event with your workers. You don't have to go to every training event; however, take the opportunity to attend a training that a majority of your workers are going to
- Review your worker's action plan and transfer of learning memo from your training Partnership (see Appendix E).
- Allow your workers to practice what they have learned.

Professional Development Plans

The process of developing a professional development plan with your worker is aimed at creating better linkage between skills needed for a particular position and training. Supervisors play a key role in helping staff identifying skills needed, training to support these skills and applying newly acquired skills to the job. See Appendix E for a Suggested Foundation Training Plan Form and Foundation Training Pre-requisite Chart.

Case Study 5.1: Supervisor Leon

Supervisor Leon has been very committed to using transfer of learning principles with his team. His team does not like to take part in post training action planning and they mumble and groan when he schedules meetings to review the action plans of recently attended trainings. The team complains about this in team meetings and to other staff. He knows that several other supervisors around the agency do not discuss training action plans with their staff and he is reminded of this by his own staff on a regular basis.

Leon believes that the post training transfer of learning is very valuable; however, he feels that his team is not benefiting from this because of their attitude. Leon believes that if his team could see the value of the process, they would understand and appreciate why they are doing them.

Learning: Theory and Styles

Adult Learning: Pedagogy vs. Andragogy

Consider the many different ways you have learned. Did you prefer the two-hour lectures or the hands on experiences? Did you learn and better retain information when it related to something in your life?

Pedagogy is a method of teaching in which the teacher transmits knowledge to the student. A lecture is an example of a pedagogical method of learning.

Andragogy is an adult learning theory developed by Malcolm Knowles. Andragogy offers four assumptions about adult learning:

- Adults are self-directed in their learning
- Adults learn more effectively through experiential learning
- Learning should be relevant to “life experiences”
- Adults need to be able to apply their learning immediately

Applying learning theory to supervision:

- Since you are working with adults, we suggest that you approach teaching moments using the assumptions of Knowles’ theory.
- When your workers don’t know how to do something, teach them and have them immediately apply their newfound knowledge.
- Be mindful that worker’s may receive training and still not understand something until they are able to apply it to their work.
- When teaching your workers, relate what you are teaching to their work or their life.
- For example, if you are teaching social workers the theory of relativity, expect that they will not retain the information you just presented.

Learning Styles

As a supervisor, you will come to understand the different learning preferences of your workers and at times, you will need to adapt your teaching style accordingly. In future supervisory training, you will have the opportunity to review learning styles in great detail. We will briefly discuss learning styles to give you a general understanding that people learn differently.

- People have different learning preferences. For example, some prefer a more “hands-on” approach while others prefer to read directions; some do best when they watch others do something first.
- Our learning styles are shaped by our previous learning experiences, our personalities, and our careers.
- One learning style is not better than another.
- Each learning style has strengths and weaknesses.

- There are a variety models and inventories on learning style.
- If you chose to, you could give your staff a learning style inventory to better understand their learning preferences.

NEW Partnership asks training participants to complete a Learning Preferences Inventory when they first register for training. Participants receive their individual learning preference score and the compiled information is shared with the trainer. See Appendix E for Learning Preferences Inventory Descriptions.

Information in this section was adapted from:

Andragogy (M. Knowles). (n.d.). Retrieved September 2, 2008, from

<http://tip.psychology.org/knowles.htm>

Shysh, A. J. (2000). Adult Learning Principles: You Can Teach an Old Dog New Tricks.

Canadian Journal of Anesthesia, 47, 837-842. Retrieved September 26, 2008, from

<http://www.cja-jca.org/cgi/content/full/47/9/837>

Case Study 5.2: Jeron's team

Jeron has been having difficulty figuring out how he can best teach the Safety Intervention process to his team. When he took over the team, they had limited safety assessment knowledge even though it is the child welfare model that the state has adopted.

Jeron has noticed that some team members take new knowledge and act before they even completely comprehend what they have learned. Others on the team can't seem to wrap their minds around the process and ask why they need to understand what Ongoing or Out-Of-Home Care does when they are Initial Assessment workers. One worker didn't appear to be listening at the team meeting where he was presenting and yet, later seemed to understand safety assessment the best.

Jeron knows that it will take a while for his team to fully understand and integrate safety intervention; however, he would just like to figure out a way to help all of his staff understand.

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**Supervisor Guide
Book Overview**

Congratulations! You are a new Supervisor in child welfare! This binder is intended to be presented to you in conjunction with consultation with your regional Training Partnership and State Bureau of Regional Operations staff . Whether you are new to child welfare or you were promoted from within, the goal of consultation is to provide ideas and concepts for you to think about as you become a supervisor.

Good supervision requires your ability to effectively administer, support, and educate your staff. It is likely that you were promoted because you excelled at your job; perhaps you were a good case manager or foster care worker. It is critical to understand that being a good social worker is functionally different from being a good supervisor. Although you will draw upon skills you already possess, a supervisor's goal is to have staff that perform well, feel supported, and are learning and growing in their career while serving the families and children within your county.

In this binder, you will see that each module includes a Case Study and a Self-Reflection. The Case Study is presented to give a practical and realistic example of the information presented in the module. The Self-Reflection section will have questions that challenge you to think about what you would do in the case study scenarios. We hope that you will review these sections and challenge yourself to think about the supervisor you hope to become. Your new career will be a process that you learn and grow from.

Case Study: Becoming a Supervisor

Nicole was an outstanding ongoing case manager. She went above and beyond in all of her ongoing case management duties. Nicole worked well with her families and foster parents. She participated in the implementation of innovative practice in safety intervention and was able to mentor and help other case managers with assessing families, further demonstrating a thorough knowledge of her position. Nicole was respected in Juvenile Court by the attorneys and judges. She developed effective case plans for her families utilizing safety assessments. It was no surprise to fellow staff members when Nicole was promoted to a child welfare supervisor position.

Nicole is not adjusting well to her new position as a supervisor. She viewed supervision as an opportunity to teach her work ethics and abilities to her workers. She did not expect to be met with such a variety of different ideas and resistance to her own ideas and expectations. Some of her previous peers are on her team and they continue to view Nicole as a friend and do not take her seriously as a supervisor. She is also struggling with managing time and people, her team members all have different personalities that don't get along. Nicole is frustrated as she believed supervision would be much easier!

References

Action for Child Protection, Inc. (2008). Advanced IA Training.

Andragogy (M. Knowles). (n.d.). Retrieved September 2, 2008, from <http://tip.psychology.org/knowles.html>

Blanchard and Hershey

Brittain, C. (2005). *Supervisory training: Putting the pieces together, Unit I*. Denver, CO: Butler Institute for Families, Graduate School of Social Work, University of Denver.

Child Protective Services Safety Intervention Standards (2006), Bureau of Programs and Policies; Division of Children and Family Services; Wisconsin Department of Health and Family Services

Famous Models: Situational Leadership. (n.d.). Retrieved September 18, 2008, at <http://www.chimaeraconsulting.com/sitleader.htm>

Grazier, P. (1998). *Team Motivation*. Retrieved August 21, 2008 from www.teambuildinginc.com/article_teammotivation.htm.

Holder, T & Holder, W. (2004). *A Supervisor's Guide to Consulting: Developing Worker Confidence in Safety Intervention*. Managing Sufficient Safety in CPS.

Kadushin, A. & Harkness, D. (2002). *Supervision in social work*. New York: Columbia University Press.

Langevin learning services

Mackin, D. (n.d.). *Team Development: The Four Stages of a Developing Team*. The Sideroad Practical Advice Straight from the Experts. Retrieved November 10, 2008, from http://www.sideroad.com/Team_Building/team-development.html

Mager and pipe

Managing Work Through Other People: Diversity in the Workplace – CORE 502

MCWPPD Train the Trainer

Shysh, A. J. (2000). Adult Learning Principles: You Can Teach an Old Dog New Tricks. *Canadian Journal of Anesthesia*, 47, 837-842. Retrieved September 26, 2008, from <http://www.cja-jca.org/cgi/content/full/47/9/837>

Stettner, M. (2000). *Skills for New Managers*. United States: McGraw-Hill.

Supervising and Managing Work Group Performance. *Module IV Core 504 -The Core Curriculum for Supervisors and Managers.*

The Institute for Human Services. (2000). *The Core Curriculum for Supervisors and Managers.* (Module 501).

The Institute for Human Services and New Partnership for Children and Families. (2004).

Tuckman B.W. (1965). Development sequence in small groups. *Psychological Bulletin*, 63, pp. 384-399.

Supervisory Roles

A Social Work Supervisor...

“...is an agency administrative-staff member to whom authority is delegated to direct, coordinate, enhance, and evaluate on the job performance of the supervisees for whose work he or she is held accountable. In implementing this responsibility, the supervisor performs administrative, educative and supportive functions in interactions with the supervisee in context of a positive relationship. The supervisor’s ultimate objective is to deliver to agency clients the best possible service, both quantitatively and qualitatively, in accordance with agency policies and procedures” (Kadushin & Harkness, 2002, p. 23).

As a Supervisor you will need to perform the three roles stated above: Administrative, Educative, and Supportive. You may be better at one role than at another. That’s okay. As you become more familiar with your new position, you will be able to determine which roles and/or activities you are more comfortable with and those which you need to focus on improving. Having an awareness of your strengths and limitations in each role and working toward improving your limitations, is what will make you an effective supervisor.

Listed below is the purpose and responsibility of each supervisory role:

Administrative

To ensure adherence to agency policy and procedure

Responsibilities:

- Evaluating worker performance
- Insisting on full completion of assessments, service plans, tracking tools and other required forms
- Monitoring progress and process toward meeting case objectives
- Participating in program planning activities
- Scheduling and assigning of activities
- Establishing time management expectations

Educative

To increase knowledge and skill

Responsibilities:

- Orienting new workers
- Assessing the learning needs and preferred learning styles of staff
- Building on the existing knowledge and skill base of the workers
- Applying an understanding of the adult learning principles and individual learning styles to the teaching/mentoring process

- Developing learning plans with staff
- Promoting independence
- Conducting regular individual and group conferences
- Preparing staff for participation in training programs
- Facilitate the transfer of learning from training to the job
- Support and facilitate professional development

Supportive

To improve morale and job satisfaction

Responsibilities:

- Motivating staff
- Helping staff manage tension and handle conflict
- Promoting cultural and self-awareness
- Conveying an understanding of the challenges faced by staff
- Supporting the worker's process in ethical decision making
- Validating the worker's attempts to use new skills

Information in this section was adopted from: MCWPPD Train the Trainer

Information in this section was adapted from:

Brittain, C. (2005). *Supervisory training: Putting the pieces together, Unit I*. Denver, CO: Butler Institute for Families

Kadushin, A. & Harkness, D. (2002). *Supervision in social work*. New York: Columbia University Press.

Case Study 1.1: Supervisor Cathy

Cathy has been a supervisor for 4 years. She has strong skills in administrative supervision, but her team has a high-turnover rate. Cathy's team is always timely with documents, she is very organized, and she communicates her expectations effectively. However, she does not have effective educative supervisor skills. She micro-manages her team with regard to due dates and implementation of court ordered services. Cathy does not support new staff through teaching or mentoring, and she maintains the same expectations for new and seasoned staff. She is the authority with her team and they are not allowed to make case decisions on their own. She does not promote independence and her workers are not able to grow in their decision-making skills as social workers.

Leadership Credo

A Leadership Credo is a summary, written by you, of your beliefs, goals, and commitments to your staff and the agency as a supervisor. A Leadership Credo is not intended to define the work-related objectives outlined in your job description. Writing a credo requires self-reflection and your ability to answer the question of why you are a supervisor in child welfare.

How to write a Leadership Credo:

- Sit down for 30 minutes, perhaps at home so you are relaxed.
- Think about your goals and commitments as well as specific qualities you hope to embody as a supervisor. The self-reflection exercise below will assist you
- Keep it short (50-1,000 words)
- Incorporate the mission, values, and goals of the agency, particularly those points that you feel strongly about
- Speak from the heart and define goals that really mean something to you
- Don't copy another credo or use statements from it – it needs to be in your voice and people will know when it's not
- Consider putting your credo on nice paper and framing it
- Place your credo visibly in your office so your staff can see the commitments you have made as a supervisor

Information in this section was adapted from:
Stettner, M. (2000). *Skills for new managers*. New York: McGraw-Hill.

Scott's Management Credo

I want to have one moment in each work day when I think about the reasons I became a child welfare worker. I hope that my optimism and knowledge of the profession, as well as my abilities as a supervisor will help my staff to always remember why they became child welfare workers.

MY GOALS:

To encourage my employees to always aim for their highest potential;

To treat my employees with respect;

To always educate myself

I COMMIT TO:

Facilitating open and honest communication between staff;

Be supportive of staff;

Giving and taking feedback from staff so we can all grow professionally

Getting Started & Building Momentum

Getting off to a good start in your new position requires being prepared and realistic. This section will address assumptions you may have about the supervisor position, how to set expectations for your team, and what you must do on the first day on the job.

Here are some key points to know about supervision:

- Supervising other people is different than performing within your own job. No matter how skilled you were in your previous job, a new skill set is required.
- You will not have all the answers. Admitting “I don’t know” or “Let me look into that” is OK.
- Your employees will need to be managed differently than you manage yourself. What has worked for you, will not always work for them.
- Be a direct, straight talker. Don’t hem and haw around answers or give wordy responses to explain yourself.
- Don’t contradict yourself. Don’t give employees different answers to the same questions.

The First Day

On the first day or shortly after starting, the best way to introduce yourself to your staff is to hold a meeting. Even if you have met staff one on one, holding a meeting sets the tone of your supervision and puts everyone at ease. If you are nervous, it is likely they are too.

Here are some suggestions for your first meeting:

- Plan the meeting. If you try to wing it, you may look incompetent to your staff.
- Reserve a room that is comfortable.
- If possible, put the tables in a circle. This will give your staff a “team” feeling versus an authoritarian approach. A circle prevents invisible barriers, includes everyone, and prevents people from forming cliques in the back of the room.
- Make a great first impression.
- Keep your introduction speech short.
- Have everyone introduce themselves, but don’t ask them to tell their specific position or how long they have been at the agency. Instead ask them about a skill that they bring to their job.
- Try to speak only 10% of the meeting.
- Be yourself! Authenticity goes a long way!

Setting expectations

Here are some suggestions of expectations you should make clear right away. Add other expectations you would like to relay to the team.

- Supervision is non-negotiable. It should not be cancelled except in the event of an emergency.
- The team should have fun together.

- The team should have open communication.
- All team members will be respectful of one another.
- Attendance at team meetings is mandatory, with the exception being extreme circumstances.
- Ask them for feedback about what they need as a team.

Are you ready for your first crisis?

A crisis is likely to occur at some point in any job. In child welfare, workers often begin the day with the expectations to complete certain tasks, and are never able to get to them due to an emergency. Emergencies can include last minute court hearings, moving children, children's medical needs, and so on. If you are not prepared, these unexpected events can be daunting. Use the knowledge of those around you to prepare for a crisis. Preparation can't always prevent a crisis from happening, but it can certainly make the job go much smoother.

Solicit advice before the "crisis" occurs by:

- Talking to other experienced supervisors.
- Talking with your supervisor.
- Getting feedback from your employees' experiences in previous crises. Ask them how their previous supervisor handled the situation. Could anything have been handled differently?

Information in this section was adapted from:

Stettner, M. (2000). *Skills for new managers*. New York: McGraw-Hill.

Case Study 1.2: Joan's First Day

Today was Joan's first day on the job as a child welfare supervisor. She was very nervous, particularly about her limited knowledge of child welfare. Prior to taking the supervisor position, Joan worked as a social worker for five years at the local children's hospital. She has always been interested in child welfare and had some encounters in her previous position as she occasionally worked with foster children on her unit. Twice Joan had to call CPS Access for suspected abuse. She was very motivated to be a supervisor in child welfare and hoped that although her knowledge was lacking, her zest for the profession would shine through.

Joan decided to hold a meeting. She had met two employees that she will be supervising at an agency tour last week, but she wanted to meet everyone and at the same time. She arrived to the office early so she could send out an email about the meeting and to allow for her to reserve a room.

As staff filed into the conference room, she got the sense that they were not very pleased. She heard some mumbling from one staff member to another about having to be there and not being able to get work done. Joan's anxiety increased as she heard her new staff complaining. On top of that, she felt incredibly lost with the child welfare language that was being used in the office. She couldn't believe that she was only three hours into the first day and already she felt so incompetent!

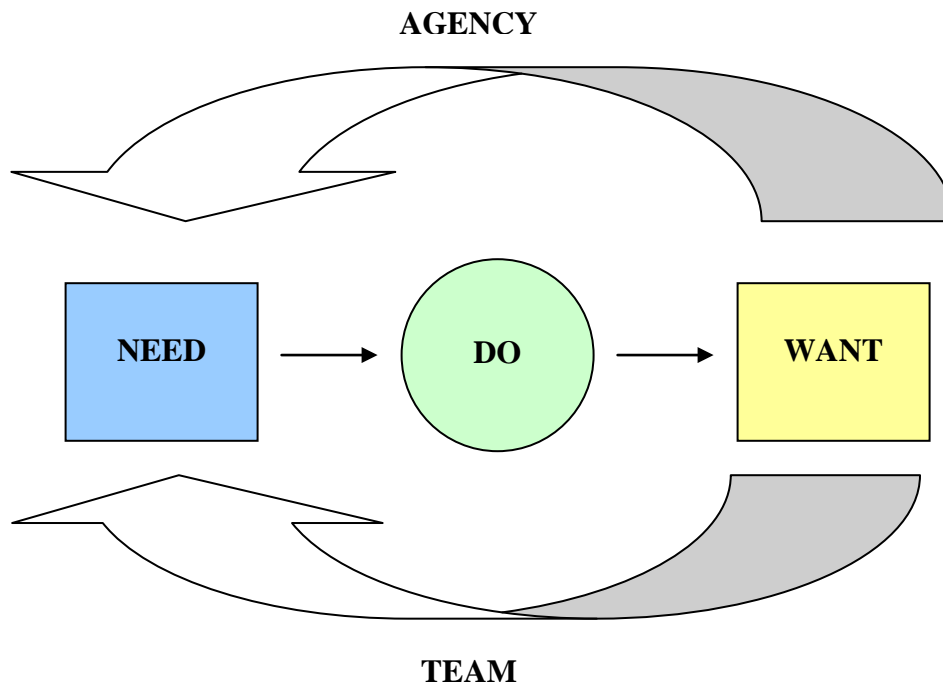
Joan started the meeting apologetically. She apologized for pulling them away from their work. She explained that she is highly motivated and pleased to be the team's supervisor. She explained her limited knowledge of child welfare and told the team that she would be relying on their expertise to help her get settled. Joan could tell the group was not comfortable. In fact, they appeared to be more frustrated and anxious than when they came in.

The Systems Model and the 3 C's

All organizations have a purpose and individuals work together to meet that purpose. Organizations have to decide what they hope to accomplish (want); the processes they need to follow (do), the resources necessary to achieve goals (need), and how they are doing (feedback).

The systems model can help supervisors understand clearly what is happening in the agency as a whole or on their own team. The model can be used as a tool to determine where energy should be focused to achieve a goal.

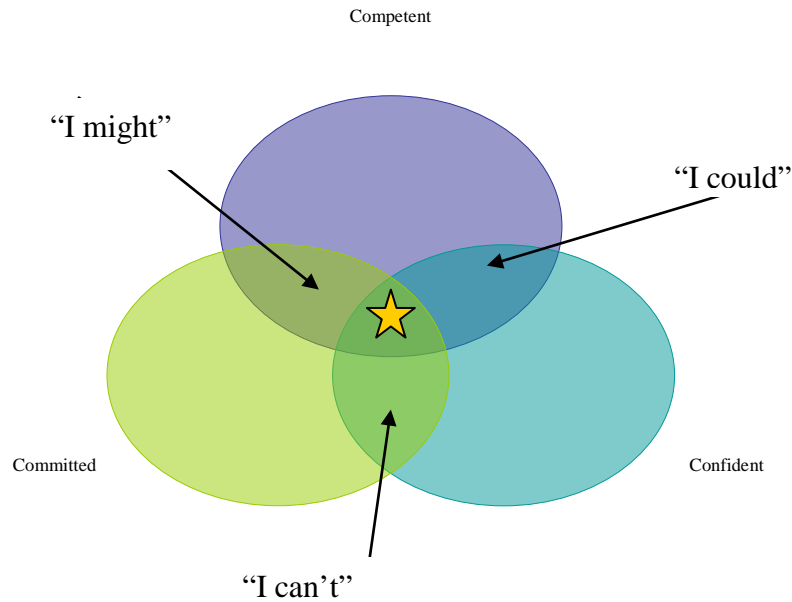
An “excellent system” would look like this:



In reviewing this diagram, think about your team within the agency.

- The “want” defines the shared vision and the purpose.
- The “do” defines the shared vision and purpose for the team and the policies and procedures for the agency as a whole.
- The “need” is the 3 C's for the team (Committed, Competent, and Confident staff) and it's the resources to get the job done for the agency.

The 3 C's

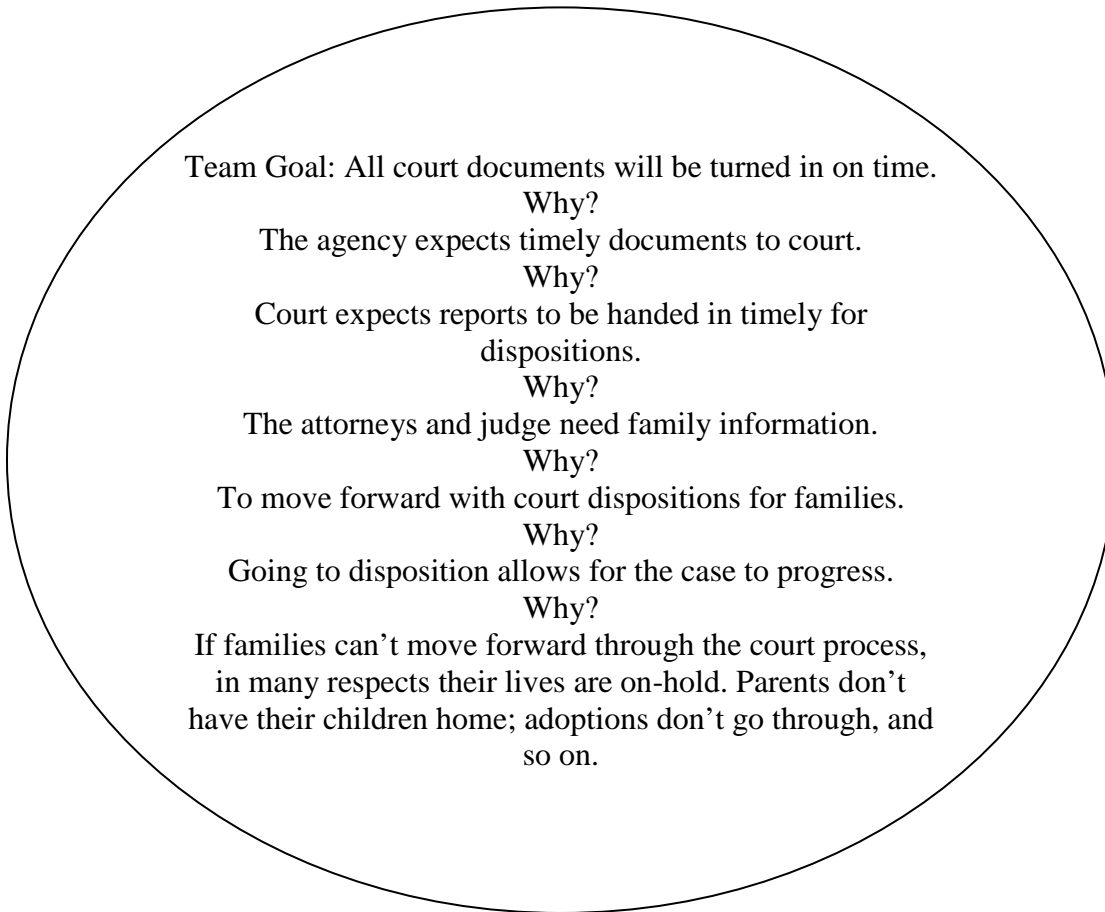


- As the supervisor, you will need to ensure that the “want”, “do”, and “need” are clear to your team.
- If “want” is ill-defined and “do” is focused on, the “need” will be ignored.

Here are some suggestions for goal setting with your team:

- Define success while at the same time defining accountability issues
- Clarify the “want” first and then clarify the “need”
- Don't set a goal that is task oriented. If you do, there will be no “buy-in” from your team.
- Examples of goals are “reducing the number of moves a child has” or “highest rate of reunification on the team”.

When goal setting with your team, a simple way to determine if you are clarifying the “want” is to ask why a task needs to be done. For example, let’s assume that you set a goal of having court documents turned in on time.



Your team will be more motivated when they know the “why” for a task. When you explain that the court process is stalled when court documents are not turned in on time and families’ lives are placed on-hold, it is very likely that your team will be more connected to the task of timely court documents.

Information in this section is adapted from:
The Institute for Human Services. (2000). *The core curriculum for supervisors and managers: Module 501*.

Case Study 1.3: Home Visits

Susan’s team set a goal several months ago of achieving 100% monthly face-to-face contact with the children on their caseloads. To motivate the team, she placed a chart on her door for everyone to see. Initially, she noticed that everyone was excited about achieving the goal, but after the second month, the interest declined. In fact, Susan has even lost interest in completing the chart and forgot to put last month’s results up.

Susan recognized this “change of heart.” Her team doesn’t care any less about seeing their children. In fact, seeing the children on their caseload is very important to each worker. When she asked her team why it was important to see their children weekly, policies aside, they responded that they wanted to know how the children were doing in all aspects of their life. The team also responded that seeing them consistently ensured safety and helped in building a stronger relationship with their workers.

Susan realized that the goal was task oriented and there was no “buy-in” from her team. She needed to establish a goal that was important to her team.

Self-Reflection 1.4

Can you create a goal for Susan’s team that focuses on their beliefs as to why monthly home visits are important?

Situational Leadership

Situational Leadership is a way of approaching supervision that considers the staff members' readiness and supervisors' leadership style in approaching the relationship. The Situational Leadership Model, developed by Ken Blanchard and Paul Hershey, integrates leadership style with the learner's situation. The model demonstrates how you should gauge your supervision to meet the individual needs of your staff. It includes other variables such as the learner's performance, group morale and productivity, and the development of power over time.

Why is it important to change your leadership approach to meet the needs of each of your workers? Workers are at very different places in respect to their readiness to complete tasks and willingness to do the job. Utilizing different supervisory styles assists in meeting the needs of workers and supporting them in doing their jobs. Envision a line of staff outside your door waiting for supervision. It is very likely that each person will require a particular response to their individual needs.

- If you were to delegate and direct seasoned staff, they would very likely feel micro-managed.
- If you were to coach new staff, they would very likely feel unsupported.

Readiness of the worker

There are two dimensions when considering readiness of a caseworker – “ability” to do the job and “willingness” to do the job.

- Ability (or competence) can be assessed by examining experience that demonstrates task accomplishment, education specific to the task, and ability to apply these experiences.
- Willingness (or commitment/confidence) can be assessed by examining the level of desire to take responsibility, accomplishment of a task, persistence and attitude.

Worker readiness can be viewed along a continuum from a very low to a very high level of readiness. The worker will be incrementally moving in one direction or the other, as well as jumping from one level to another on the continuum. In addition, an individual can have more than one readiness rating at any moment in time

- R1 - **unable and unwilling** (e.g., new or experienced worker and a totally new task).
- R2 - **unable and willing** (e.g., new or experienced worker trying to accomplish a new task after instruction. Some of the task is completed correctly and some not).
- R3 - **able and unwilling** (e.g., experienced worker capable of doing the task but isn't, due to loss of confidence or declining commitment).
- R4 - **able and willing** (by definition, an expert who will periodically check in with the larger organization to assure role and goal efficacy).

Leader's Style

There are two dimensions to the behavior of supervisors when leading workers: the task (or directive) behaviors demonstrated by the supervisor, and the relationship (or supportive) behaviors demonstrated by the supervisor.

Task or directive behavior is demonstrated any time a supervisor:

- Spells out the role of an individual or the group in accomplishing purpose-critical unit goals.
- Relies on one-way communication to tell the worker what, when, where, how, and with whom to do the work.
- Provides close follow-up and feedback on performance that is directive and external in character.

Relationship or supportive behavior is demonstrated anytime a supervisor:

- Engages in two-way communication with a worker.
- Discusses *why* a performance standard is important.
- Listens and responds to the worker's feelings or ideas related to accomplishing the work assigned.

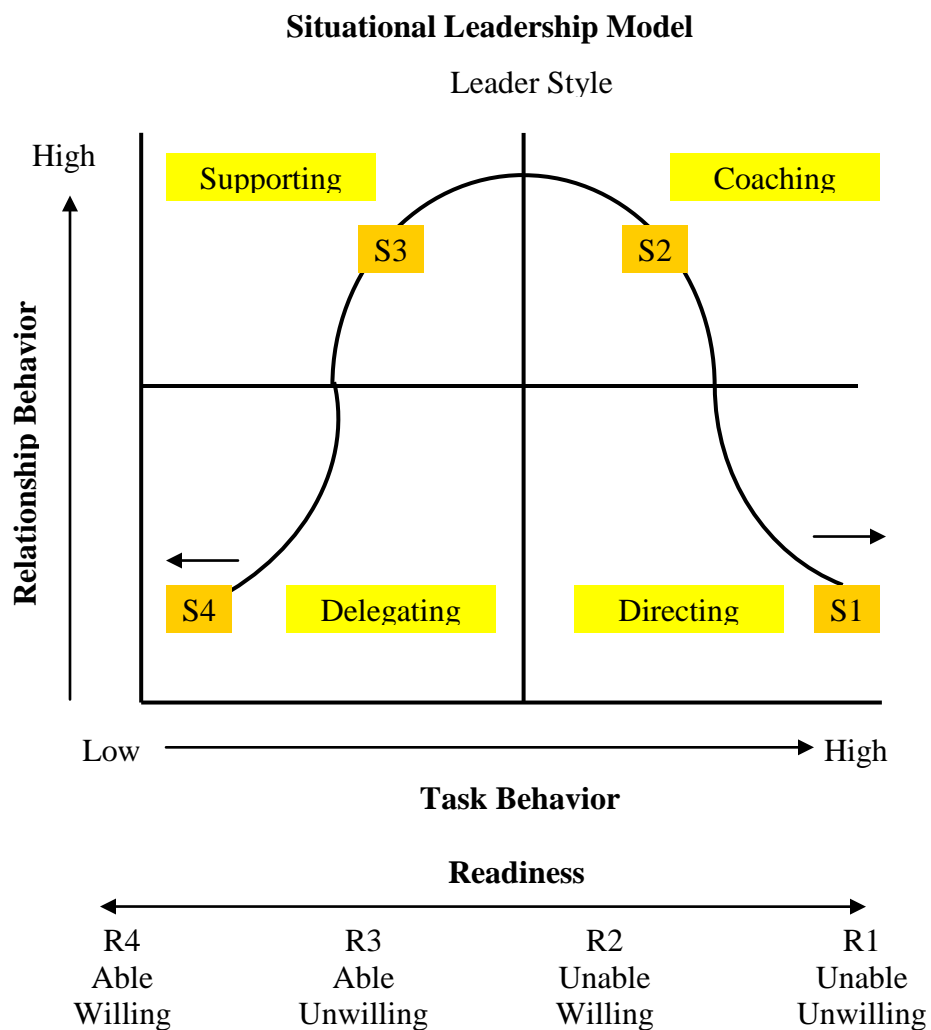
Both task and relationship are perceived as supportive by the worker, when used appropriately, based on the worker's readiness to do the required work.

Situational Leadership

Situational Leadership connects the leader's style/dimensions of leadership with the readiness of the worker.

- **S1**, or *Directing* leader style (high task, low relationship), is effective with a worker with an R1 readiness rating, or "unable and unwilling". This is because telling how the task is to be accomplished and with whom they are to work with is the quickest route to initial task accomplishment by the worker.
- **S2**, or *Coaching* leader style (high task, high relationship), is effective with an R2 readiness rating or "unable and willing". This is because the worker has tried to do the task, resulting in an opportunity to praise the worker's efforts but, at the same time, the worker needs (re)instruction in areas that still need improvement. The person can now begin to offer ideas on how to improve performance based on this experience.

- **S3**, or *Supporting* leader style (low task, high relationship), is effective with an R3 worker or "able but unwilling" because the worker knows how to do the task but is lacking in confidence and/or commitment to carry out the work. Opening up two-way communication to hear how the worker will carry out the task, reassuring the worker s/he is capable of doing the work, praising past performance, or discussing feelings and resistance to doing the work should all improve task accomplishment.
- **S4**, or *Delegating* leader style (low task, low relationship), is effective with an R4 worker or "able and willing". This is because the worker needs only to know what the overall objectives of the task are and receive periodic maintenance reinforcement for task accomplishment. In fact, a leader may comfortably take "leadership" from this person as well.
- The "S" associated with each approach is plotted on the model shown below.
- The "R" is associated with the worker's ability and willingness to do the job.



Learner’s Developmental Level

In addition to assessing the situation of the learner, supervisors should also pay attention to the learner’s developmental level. Blanchard and Hershey believe that the leader’s style should be responsive to the competence and commitment of the follower.

Low Competence, Low Commitment (D1) is the initial stage where productivity is low because the follower does not have the skills or the confidence to get the job done. Morale is generally high because they are new to the job and eager to learn.

Some Competence, Low Commitment (D2) – this is sometimes referred to as “the disillusioned learner”. There may be low morale; however, productivity is improving as they are learning how to do their job.

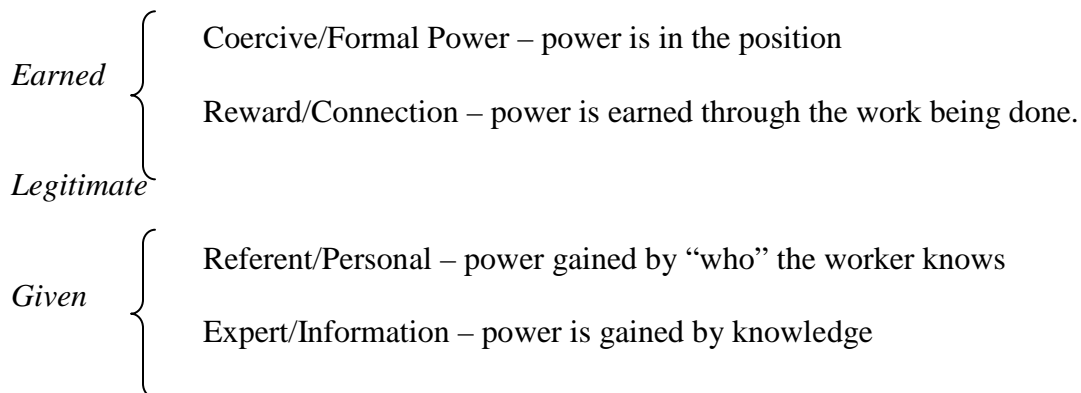
High Competence, Variable Commitment (D3) is when workers are experienced and they can get the job done. Their commitment varies due to lack of confidence to do the job on their own. Morale and productivity are steadily increasing.

High Competence, High Commitment (D4) is when workers are experienced at the job and can do it well. Productivity is high, as is morale.

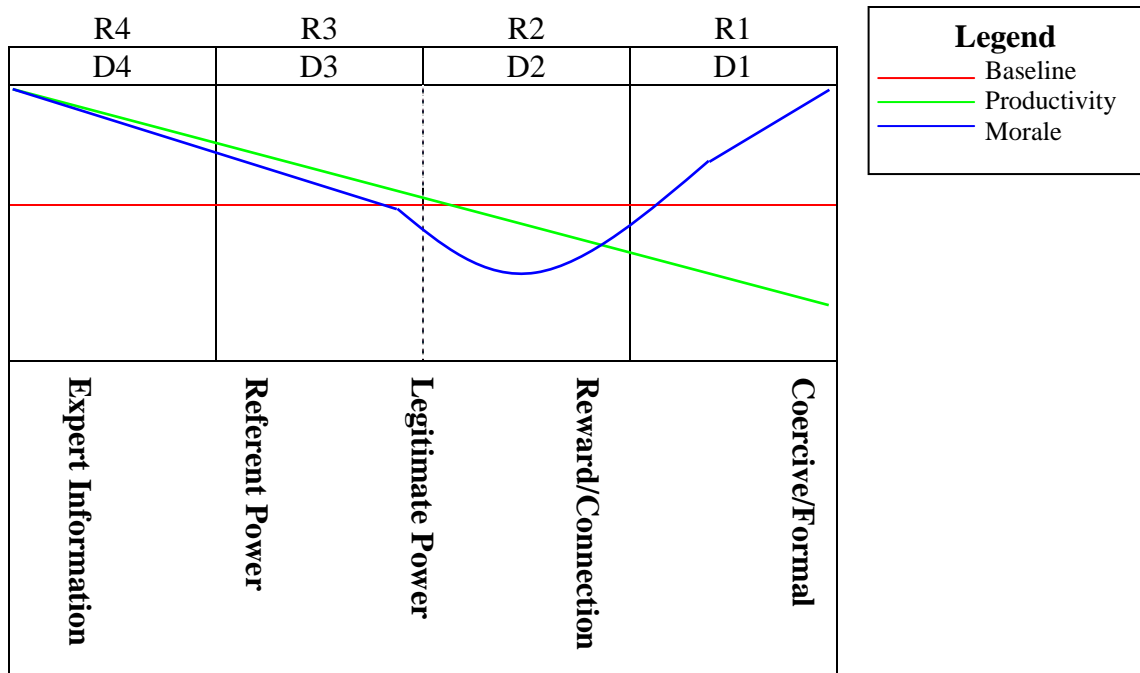
Types of power

As supervisors, we need to acquire power, use it properly and help our staff members get more power (and use that power properly). Power is not inherently good or bad; it is necessary for purpose and goal attainment.

Power changes for workers and supervisors as they become more knowledgeable and skilled at their job.



In the graph below, the “D” demonstrates the developmental level of the follower or the person being led by the supervisor and D1-D4 is used to show the productivity and morale of the agency or group due to the developmental levels.



Situational Leadership does not only apply to the growth and development of a novice worker who becomes an experienced worker. At times, your leadership style will need to adapt to different situations with the same worker. Here are some examples:

- An experienced worker (D4) is faced with a task in which they do not possess the necessary skills. The worker will revert to D1 when dealing with the new task.
- The performance of a worker is poor. Consider Sally in the next section who is usually a highly competent worker with high commitment. She begins handing in late case progress evaluations, placing her into D3 status.

Information in this section is adapted from:

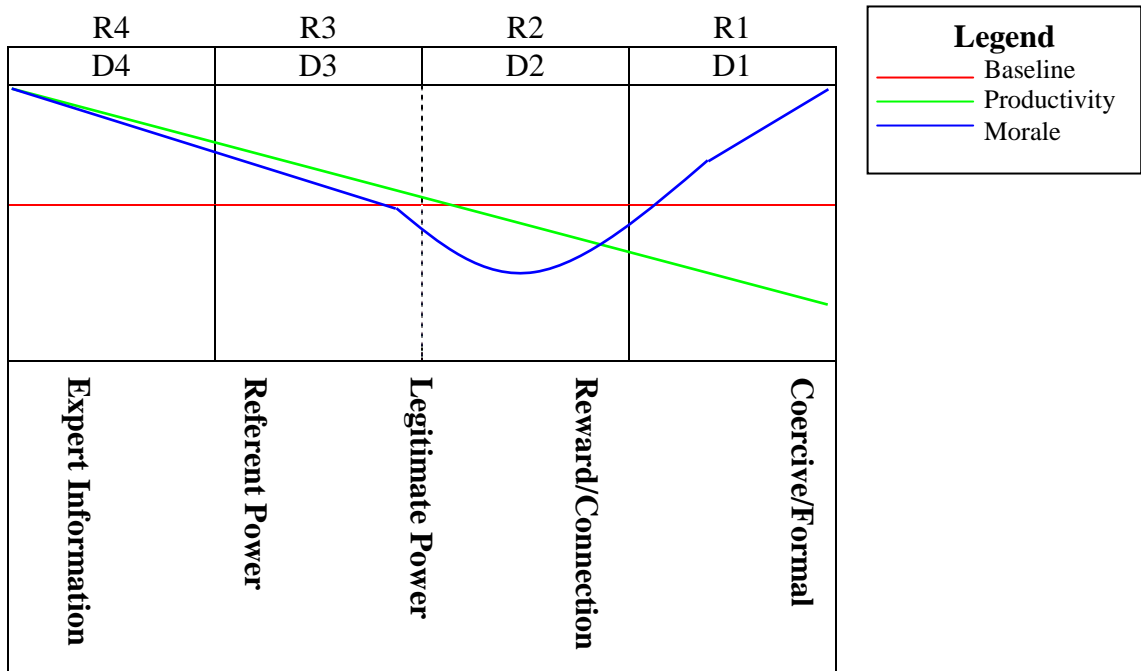
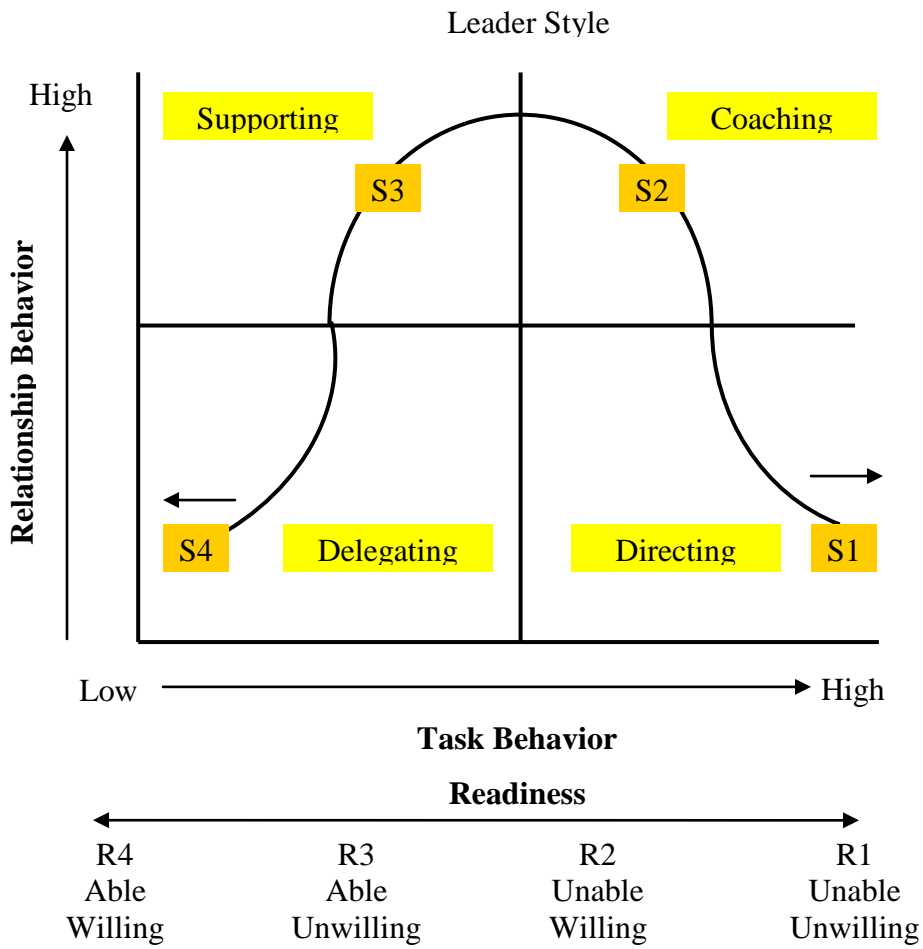
Famous Models: Situational Leadership. (n.d.). Retrieved from

<http://www.chimaeraconsulting.com/sitleader.htm>

The Institute for Human Services & NEW Partnership for Children and Families (2004). *Supervising and managing work group performance. Module IV core 504*

The Institute for Human Services & NEW Partnership for Children and Families (2004). *Managing work through other people. Core 502*

Situational Leadership Model



Case Study 1.4: Laura goes to court

Jennifer is Laura's supervisor. Laura is a competent case manager and demonstrates a strong commitment to the job. However, after six months on the job, she cannot attend court on her own. Jennifer has observed her in court. Laura has difficulty speaking and when she does, she is not able to articulate herself. She works very hard with her families, but it does not show when she gets into court.

Laura does not feel supported by Jennifer in the courtroom. She did have to attend a few court hearings on her own very early on the job and they went horribly. She was yelled at by a judge and she doesn't want to deal with that again. She enjoys her job, but has become very anxious about court. She now has requested that Jennifer attend every court hearing with her until she is more comfortable. Still, Jennifer attends the court hearings, but doesn't say much or give much direction.

Individual Supervision

Individual Supervision is a meeting that occurs on a weekly basis with each of your workers. Individual Supervision is the single most important function of your role as a supervisor. Remember the three roles? In individual supervision, you will be exercising your decision making skills, evaluating worker performance (administrative), promoting staff development (educative), and providing encouragement to your staff (supportive). The varied levels of your staff's development will require different roles at different times.

Be consistent with Individual Supervision

- It demonstrates reliability to your worker
- It keeps you abreast of your worker's cases
- It defeats panic and prevents several "mini-supervisions" throughout the week

How to be consistent:

- Individual Supervision should occur on a weekly basis.
- It is best to schedule supervision on the same day and at the same time every week.
- Supervision should only be cancelled under extreme circumstances. When cancelled, it should be promptly rescheduled, ideally prior to the originally scheduled time.
- Be sure to send a clear message to your workers that supervision is non-negotiable.
- Have a consistent structure for your supervision. This way the worker always knows what to expect from supervision and it helps you to stay on task.

Case Study 2.1: Why consistency matters

Supervision is scheduled every Tuesday with John at 2 p.m.

John can count on supervision occurring every week as it's already scheduled. There is no confusion as to when supervision is occurring – It's Tuesday at 2 PM. John can rely on this time with you to process new information, ask questions, get feedback, and review cases. It puts him at ease when he has less immediate questions because his time with you is guaranteed.

Supervision with Sandy is scheduled week to week.

Sandy's schedule didn't coordinate with your schedule for last week as she had several court hearings, so no supervision was held. This week Sandy thought supervision was scheduled for Tuesday, but you had it in your calendar for Wednesday. Sandy is in your office frequently asking questions that really could wait.

Show respect by giving your undivided attention:

- Ensure that supervision is uninterrupted. Keep the door closed and alert your team to be respectful of the supervision time of others.
- Don't answer the phone or respond to emails during supervision.

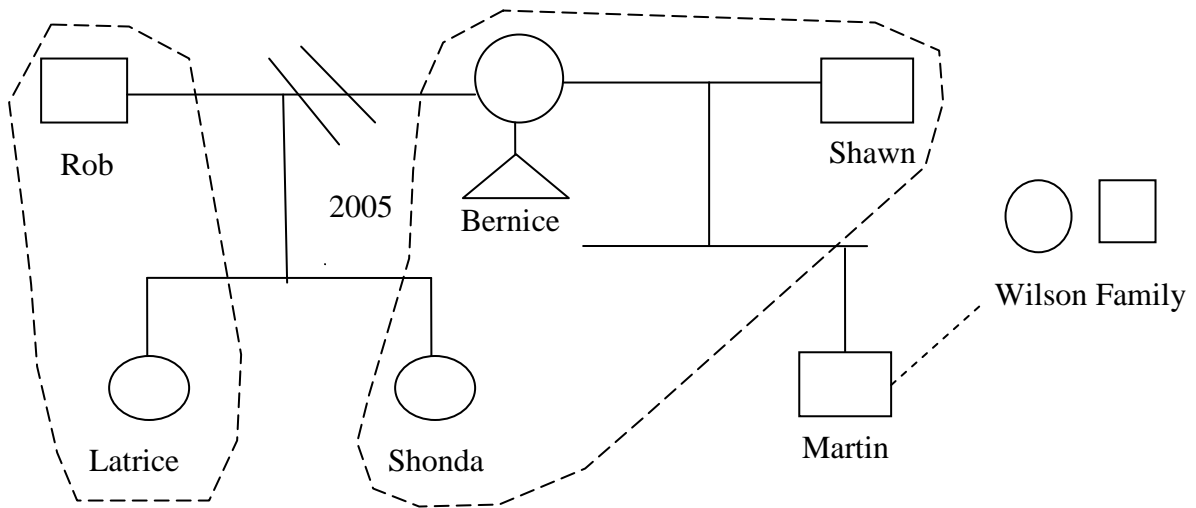
Be organized:

Here is one method of organizing yourself around Individual Supervision for your staff. Maintain a binder for each worker and in the binder, a tab for each family. Within each tab, have loose leaf paper where you can write a running narrative during supervision. With the assistance of your worker, sketch a family genogram and include it in the binder. A genogram is a format for drawing a family tree. You might think that this isn't necessary, but think of how much more effective you can be when you are not rehashing who's who of the Smith family.

Other reasons to use genograms:

- They are useful tools in case transfers
- They can be presented at court or in central staffings to help others understand family dynamics

Here is an example of a genogram:



This genogram tells us the following information:

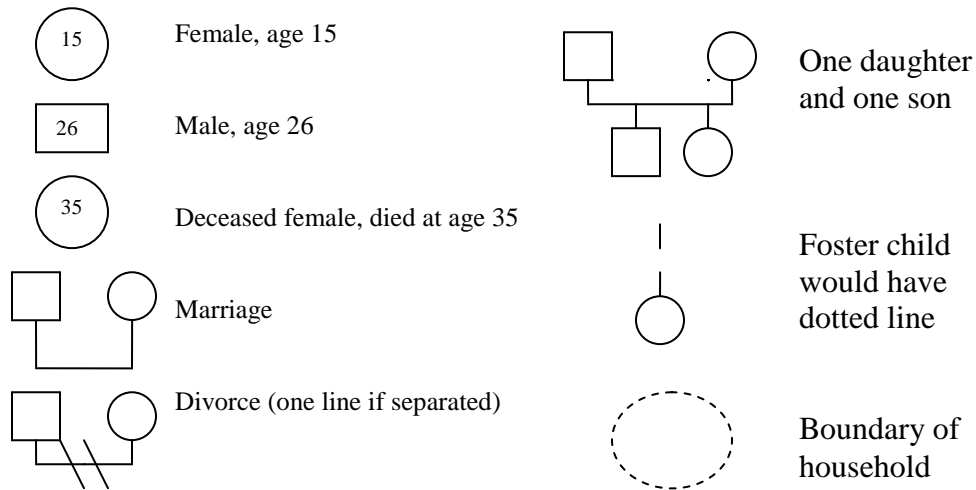
- Bernice and Rob divorced in 2005.
- They have two girls, Latrice and Shonda.
- Latrice is the youngest.
- Latrice lives with Rob.
- Bernice lives with Shawn, but they are not married.
- Shonda lives with Bernice and Shawn.
- Bernice and Shawn have one child together, Martin.
- Bernice is pregnant.
- Martin is placed in a foster home with the Wilson family.

Case Study 2.2: Genogram

Katie and Rob have been dating for two years. They currently live together. The couple gave birth to a little boy, Cole, three months ago. Together, they also have a two-year old, Noah. Celia, Rob's daughter from a previous marriage, had also resided in the home. Celia is 9 years old. Celia would sometimes see her mother, Jane, on the weekends.

Katie is cognitively delayed with an IQ of 73. Rob has a job at a restaurant. Rob is an alcoholic who drinks heavily when not at work. The children were detained two weeks ago after Celia told a social worker that Rob hits her frequently often leaving bruises. Celia's mother, Jane, is unable to care for her due to alcohol and drug issues of her own. Celia was placed in the foster home of Mr. and Mrs. Able. Cole and Noah were placed with their maternal grandmother, Maria.

Using the symbols below, sketch a genogram depicting the family on the next page.



Supervision Structure

Here is a suggested format for your supervision time:

Check-in (Supportive)

- Make the worker comfortable
- Engage the worker
- Hear the worker's story
- 5 minutes

Formal Case Staffing (Administrative, Educative)

- Answer the worker's questions
- Establish the number of cases or families to be staffed each week and rotate
- Determine key questions that you will ask for every case or family
- 35 minutes

Worker's time (Supportive)

- Discuss pressing issues
- Ask questions
- 15 minutes

Feedback (Supportive, Administrative, Educative)

- Strength-based feedback
- Performance Analysis
- Review Training and Development Tracker
- Discuss learning objectives for any upcoming foundation training (located on the Training Partnership website)
- 10 minutes

Closing (Supportive, Educative)

- Set expectations for the week
- Ask the worker for feedback on your supervision
- Ask the worker if they need anything
- Address any performance issues
- Recognize growth and good work
- 5 minutes

Case Study 2.2: Michelle's Supervision Process

Check in

Michelle

- Has set a comfortable environment
- Asks the worker "How are you doing?"
- Gages anxiety
- Puts the worker at ease

Formal Case Staffing

Michelle has the caseworker staff 3-5 families per individual supervision. Here are questions that are asked for each family:

Current Safety

- Are there impending dangers?
- Is the child safe in current placement?

Well-being

- Is the child up to date on medical and dental?
- Is the child healthy?
- How is the child's emotional state?
- Is the child in school/activities?
- How well does the child interact with others?

Permanency

- What parental behaviors must change for reunification to occur?
- Discuss the Family Interaction Plan. Can visitation be increased or in a less restrictive setting?
- What are the diminished protective capacities? How do you know?
- What is your relationship with the client? Are they engaged?
- Is the client ready, willing, and able to move toward change?
- Is the service plan effective?

"Let's make some near term plans/decisions and evaluate our long-term views."

Worker's time

Michelle allows the worker to have time to discuss pressing issues of the day or week, ask questions, and to discuss obsessions.

Feedback

Michelle uses this time to give the worker feedback tied into the performance analysis. Feedback is strength-based. Michelle reviews the worker's training and development tracker.

Close

Michelle scheduled the next supervision.

Case Study 2.3: Supervisor Michelle

Supervisor Jim recently left the agency and Supervisor Michelle has taken over his team. Jim did not provide regularly scheduled individual supervision. He would often have to cancel supervision due to a case crisis and it was not promptly rescheduled. Jim's individual supervision meetings lacked a formal structure and really were more of a free-flowing discussion about cases and safety. Supervisor Michelle is requesting weekly supervision that will be scheduled at the same day and same time for each worker. She has a formal structure during supervision.

Ten Steps to Performance Evaluation

One of the duties as a Supervisor is completing a performance evaluation for your staff. It's often a dreaded event, but it doesn't have to be. Performance evaluations are venues for feedback that are necessary for an individual's professional development. This section offers a ten-step guide to conducting an effective, stress-free performance evaluation.

Step One: Analyze performance

- Analyze the employee's performance
- Not the reasons for, but the actual performance itself
- Be concrete, rather than abstract
- What do they do well?

Step Two: Ask the employee to meet with you

Don't...

- Have someone else do it
- Send an email or a note
- Combine the asking and the meeting
- Say too much or too little
- Make too much of the performance review
- Do so while angry

Step Three: Begin the meeting

- Set the stage by eliminating distractions or interruptions
- Make the person feel comfortable
- Pay attention
- Demonstrate interest, but don't go off task

Structure the evaluation:

- Find out how things are going on the job for the employee, and any problems they might be having
- Get their ideas and suggestions about how you make their job less frustrating and more satisfying
- Hear what they think they do well and what they can improve
- Offer your thoughts on the above
- Mutually agree on some specific goals for the future – things the employee will be working on to improve his/her performance and some things you will be doing to make the job less frustrating and more satisfying

Step Four: Find out how things are going

- Ask open-ended questions
- Allow for venting
- Be a good listener
- Just listen
- Don't offer critical comments

Do ask...

- How do you feel about...?
- What are your thoughts about...?
- What do you think about...?

Don't ask...

- Can't you...?
- Is it...?
- Wouldn't you...?
- Have you...?

Step Five: Ask "the question"

- "You've identified some problems, Ryan, but they sound like solvable problems to me. A little later I'd like us to put our heads together to look for some solutions. But now I'd like to move on to another subject. I'd like you to tell me what I could do, as your supervisor, to make your job here a little less frustrating and more satisfying."

Why ask "the question"?

- Employee's love it
- It's an excellent way to get feedback
- When you ask the question to numerous employees, you will get themes
- Get new perspectives
- Antidote to self-deception
- Key to unlocking the door to better performance

Step Six: Get the employee to do a self-analysis

Make a transition statement

- "Why not begin with things you are doing well... and then we will talk about areas that need some strengthening..."
- Really listen
- Give details and specific examples

Step Seven: Present your analysis of your employee's performance

- Use your analysis
- Start with positive
- Align/mutuality between assessments
- Always be ready to switch back to listening
- Get your employee's reaction to your analysis

Step Eight: Negotiate the Performance Agreement

- Specific tasks the employee is going to work on during the next four to six weeks to improve his/her work performance
- Specific tasks that you are going to work during the same period to help the employee improve and make his/her job less frustrating and more satisfying

Step Nine: Close the meeting

- “Well we’ve covered a lot of ground today. Before we close though, I’d like to get your reactions to our meeting...”
- Whenever employees seem angry and/or irritated, give them room to talk
- Whatever the complaint, ask the employee to come up with ideas of how to solve the problem.
- Stop-Look-Listen if escalation...
- End on positive note, thanks, and follow-up meeting

Step Ten: Follow-up

- Immediate reinforcement
- Don’t neglect the agreement
- Follow through on your end!
- It’s hard work – be encouraging and give rewards

Case Study 2.4: Evaluating John

Ryan is John's Supervisor. John started three months ago and his 90-day evaluation is scheduled for next week. John has demonstrated an eagerness to learn his position. He generally responds well to feedback and applies the feedback to his performance. John is very empathetic and respectful toward his clients. He appears to have a good grasp of assessing safety and conducting family assessments and reviews his understanding with Ryan during individual supervision meetings.

Ryan was pleased to have John on his team, until today. Ryan received several calls from a foster parent stating that John was not returning her calls. Ryan approached John and informed him of the foster parent's call to him. Ryan expressed that the foster parent was very frustrated and that in the future, he needs to return phone calls within 24 hours. John apologized and stated that he would return the call. Ryan believed that his directive was taken well.

Later that day, Ryan walked by John's cubicle and overheard John talking to another worker. John stated that he was overwhelmed and he felt he was getting no support from Ryan as a supervisor. John stated that Ryan is never around when he needs his assistance and has no understanding of what it is like being a new worker. Ryan returned to his office and was outraged. Ryan knows he has been very busy, but he's tried to be as available to his workers as possible. Ryan couldn't believe the nerve of John. Ryan began to think of how needy John was. Now Ryan has to write a performance evaluation and will be sure to let John know where he needs to improve.

Performance Analysis

As a Supervisor, you will have the task of addressing performance issues with your workers. A *Performance Analysis* will allow you to “analyze” a worker’s poor performance to determine the cause.

We often assume that if a worker’s performance is poor, they need more training. However, when a performance analysis is conducted, you may find that lack of training or knowledge is not the problem. According to Mager & Pipe (1997), there are many possible reasons for poor performance. Examples are:

- Not knowing expectations
- Lack of tools, space, and/or authority
- No feedback on performance
- Rewarded for poor performance
- No reward for good performance
- Ignored whether or not they are doing a good job
- No knowledge of how to do the task

There are a few steps that should be completed prior to beginning the performance analysis. First, identify the *performance discrepancy*. Mager & Pipe (1997) describe a performance discrepancy as the difference between what an employee *should* be doing and what they *are* doing.

1. State performance expectations
 2. State the worker’s performance
 3. Is it worth it?
- } *performance discrepancy*

You should consider the question in number 3 above (Is it worth it?). Is the performance hurting anyone, resulting in incorrect work, or affecting the agency? If the answer is no, then don’t put your energies into correcting the performance.

The next step is to complete the performance analysis. There are several tools available for conducting performance analyses. We will provide with a few in this section and in the appendix. It doesn’t matter which tool you use, as long as you are conducting an analysis. In conducting a performance analysis, the 7 Factors of Job Performance are considered. The 7 *Factors of Job Performance* are the factors that are necessary for a job well done. They are as follows:

Standards

- What the task is and when it’s due
- Often written standards are available
- There should be agency agreement, no inconsistency of standards

Conditions

- Refers to working conditions
- Tools to complete the job, i.e. a computer, voicemail

Feedback

- Tells them know how they are doing, good or bad
- Should be frequent, specific, and understandable
- Should be direct and given by the supervisor

Motivation/ Incentives

- Worthiness of task
- Incentives for good performance
- Incentives need to matter to them
- Does good work lead to more work? (less incentive for a job done well)

Measurement

- Performance needs to be measured
- Objective measurements
- Measurements make sense

Knowledge and Skill

- Has the task been performed correctly before?
- Training and effectiveness of training
- Worker's awareness of expectations
- Could the worker do the task if their life depended on it?

Capacity

- Worker capability both mentally and physically

Case Study 2.5: Sally

Let's consider Sally: Sally has always completed her case progress evaluations (CPE's) on-time in the past. Recently, she has been handing them in one to two weeks later than usual. Let's identify Sally's Performance Discrepancy.

Performance Discrepancy = $\frac{\text{What Sally is doing}}{\text{What Sally should be doing}}$

1. State performance expectations:

- Sally completes all CPE's (100%) within allotted time.

2. Identify actual performance:

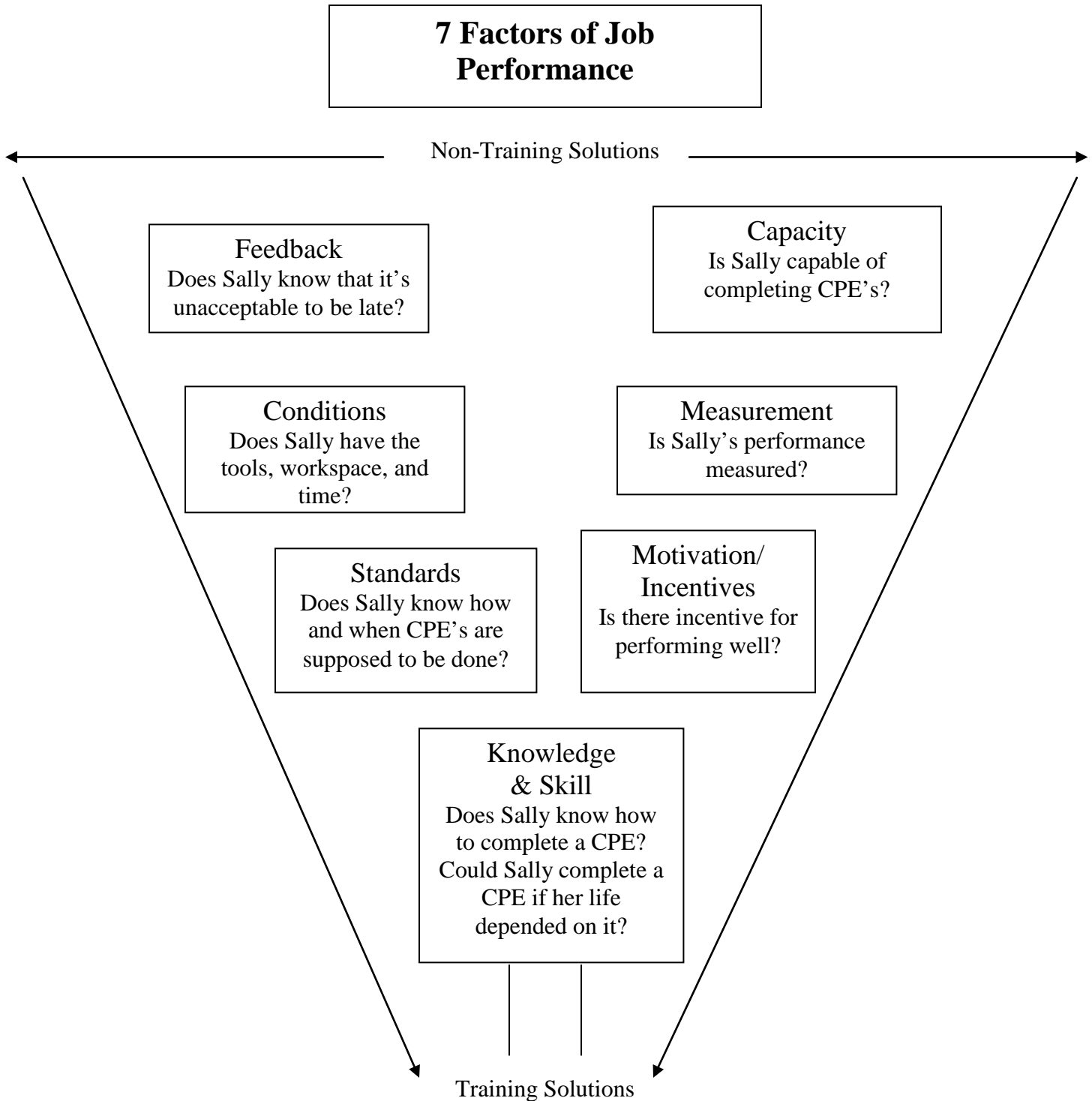
- Sally completes 65% of CPE's on time.

3. Ask yourself: Is it worth your effort?

- Yes, Sally needs to complete her work on time. Case Progress Evaluations are important measurements of the family's progress toward change.

4. Conduct a performance analysis:

- Page 16 shows the 7 Factors of Job Performance and the impact each could have on Sally's ability to turn in timely Case Progress Evaluations. Page 17 provides one supervisor's answers/analysis of the 7 factors
- Pages 18-20 demonstrate the use of "The Performance Analysis Checklist" for Sally. You will see that as items are checked "yes" or "no", the cause of Sally's performance becomes clearer.



Adopted from Langevin Learning Services

The answers:

- Sally has achieved 100% timely completion of her CPEs in the past, so we know that Sally knows how to complete a CPE. (Knowledge & Skill)
- Sally is physically and mentally capable of completing a CPE. She has the tools, a clean workspace, and she has the time. (Capability)
- Sally has a tracking tool hanging up in her cubicle with CPE due dates, so she knows when they need to be completed. Sally has written excellent CPEs in the past. (Standards)
- Sally's performance is measured during her performance evaluations. (measurement)
- ⇒ Sally was not complimented when she was timely with her CPEs. She hasn't had any negative consequences for handing in late CPEs. (Motivation/Incentives)
- ⇒ Sally has not been told that late CPEs are unacceptable. (Feedback)

5. Address the performance issue:

- Sally needs feedback. She needs to hear from her supervisor that late CPEs are unacceptable. The late CPEs need to be acknowledged and a negative consequence should follow. Sally was being rewarded for not handing them in timely because nothing was happening. Sally probably thought, "If nothing happens when I hand them in late, why stress to hand them in on time"?
- Refer to the ten-steps for performance evaluation for tips on how to offer effective performance feedback.

Information in this section is adapted from:
Mager and Pipe (1997)
Langevin Learning services

Performance Analysis Checklist

Task: Completing timely Case Progress Evaluations

Who is responsible: Sally

Standards	Yes	No	Not Sure
1. Do they know what to do?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do they know when to do it?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do their supervisors agree on what and when?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there written standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do they know how they'll be evaluated?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Conditions	Yes	No	Not Sure
1. Are task procedures clear and workable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the workplace physically organized?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is enough time available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are tools and equipment available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are tools and equipment operative?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is necessary information available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is information accurate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are distractions and interruptions minimized?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are policies and procedures flexible enough?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do they have enough authority?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Can the job be done by one person?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is support available for peak periods?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feedback	Yes	No	Not Sure
1. Are they informed about how they're doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is feedback given soon enough?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is feedback given often enough?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is feedback understandable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Is feedback tied to "controllable" performance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is feedback specific?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is feedback accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Is feedback given by someone who matters?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is feedback given in a way they accept?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Motivation/Incentives	Yes	No	Not Sure
1. Is the task seen to be worthwhile?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Do you believe they can perform the task?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there incentive for performing well?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do the incentives really matter to them?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Is the incentive contingent upon good performance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do they know the link between incentive and performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Are incentives scheduled to prevent discouragement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Are all available incentives being used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do they find the work interesting?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Are there inner satisfactions for good performance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If incentives are mixed, is the balance positive?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Is "punishment for good performance" prevented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is "reward for poor performance" prevented?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Is there peer pressure for good performance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Is task unpleasantness or stress within acceptable levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Does poor performance draw attention?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Measurement	Yes	No	Not Sure
1. Is performance measured?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are measurements based on task performance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are measurements based on results rather than activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are task purposes measured?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are the measurements objective?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are the designers of the measurements qualified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge and Skill	Yes	No	Not Sure
1. Did they ever perform the task properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the task performed often enough to ensure retention?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do they know the task is expected of them?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is training provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the training effective?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is enough practice done during training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Could they perform properly immediately after training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are job aids available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are job aids effective?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does performance fail to improve with experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

11. Is the task procedure stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Could they do it if their lives depended on it (without further training)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity	Yes	No	Not Sure
1. Do they have the mental capacity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do they have the physical capacity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do they have the prerequisites for training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adopted from Langevin Learning Services

Case Study 2.6: Mara and Safety Assessment

The agency provided Safety Foundation training over two years ago. Mara has been with the agency for over five years and likes to do things the “old” way. She had a negative attitude about the initial Safety Foundation training. Her Supervisor, Melissa, believed that Mara was growing as she started to see safety language in her documentation and she seemed to grasp the purpose of identifying the impending danger threats to child safety within the family. For a while, Melissa was not concerned about Mara’s implementation of safety assessment and planning in her work with families.

This morning, Melissa accompanied Mara on a home visit for an Initial Assessment case with an in-home safety plan. Mara did not ask questions related to the identified impending danger threats in an effort to continue to re-evaluate the threats. She did not check in with the family on how things were going with the various safety response providers. In fact, Mara did not acknowledge the in-home safety plan at all! Melissa feels like she has discussed this with Mara several times. She doesn’t know how else to get the point across.

Complete the performance analysis checklist on the next page to determine the issue for Mara’s performance

<p>Performance Analysis Checklist</p>
--

Task: _____

Who is responsible: _____

Standards	Yes	No	Not Sure
1. Do they know what to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do they know when to do it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do their supervisors agree on what and when?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there written standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do they know how they'll be evaluated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conditions	Yes	No	Not Sure
1. Are task procedures clear and workable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the workplace physically organized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is enough time available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are tools and equipment available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are tools and equipment operative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is necessary information available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is information accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are distractions and interruptions minimized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are policies and procedures flexible enough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do they have enough authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Can the job be done by one person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is support available for peak periods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feedback	Yes	No	Not Sure
1. Are they informed about how they're doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is feedback given soon enough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is feedback given often enough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is feedback understandable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is feedback tied to "controllable" performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is feedback specific?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is feedback accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is feedback given by someone who matters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is feedback given in a way they accept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Motivation/Incentives	Yes	No	Not Sure
1. Is the task seen to be worthwhile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you believe they can perform the task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there incentive for performing well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do the incentives really matter to them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the incentive contingent upon good performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do they know the link between incentive and performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are incentives scheduled to prevent discouragement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all available incentives being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do they find the work interesting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are there inner satisfactions for good performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If incentives are mixed, is the balance positive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is "punishment for good performance" prevented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is "reward for poor performance" prevented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is there peer pressure for good performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Is task unpleasantness or stress within acceptable levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Does poor performance draw attention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measurement	Yes	No	Not Sure
1. Is performance measured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are measurements based on task performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are measurements based on results rather than activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are task purposes measured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are the measurements objective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are the designers of the measurements qualified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge and Skill	Yes	No	Not Sure
1. Did they ever perform the task properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the task performed often enough to ensure retention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do they know the task is expected of them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is training provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the training effective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is enough practice done during training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Could they perform properly immediately after training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are job aids available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are job aids effective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does performance fail to improve with experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Progressive Discipline

Unfortunately, your efforts to correct poor performance through performance analysis will not always provoke staff to make the changes necessary to improve. When poor performance continues, you must intervene to change the behavior by applying progressive discipline. Progressive discipline is the application of disciplinary actions that increase in severity as the poor behavior continues.

- As suggested in earlier sections, **be sure to seek out advice of your supervisor and other experienced supervisors for suggestions when dealing with situations that require disciplinary action.**
- Please be sure to **refer to your agency for specific policies regarding discipline.**
- Don't ever write a note or email when dealing with performance issues or progressive discipline. Talk directly with the worker.
- Don't discuss the worker's performance with co-workers or other team members.
- Don't ever say anything about the worker that you wouldn't say directly to them.

In general, the sequence of progressive discipline is:

Verbal Reprimand

- Direct one on one meeting to discuss problem behavior
- It's private and confidential
- Should be noted in the employee's personnel record
- Sometimes, a second reprimand will be necessary

Written Reprimand

- A written document
- Specifically describes the problem and employee's performance
- Lists previous verbal warning
- States desired change in behavior

Warnings and Contracts

- A written document
- Course of action to avoid termination
- Describes previous attempts to change behavior
- Employee and supervisor sign the document
- Signing indicates understanding of problem and desired outcome

Transfer

- Should be used minimally
- Not appropriate in small organizations
- Only used when change is beyond employee's control (i.e. personality conflicts)

Termination

- Misconduct – prior warnings not necessary, if behavior is severe
- Unsatisfactory work performance - requires prior warnings

Information in this section was adopted from:

Brittain, C. (2005). *Supervisory training: Putting the pieces together, Unit I*. Denver, CO: Butler Institute for Families, Graduate School of Social Work, University of Denver.

Case Study 2.7: Mara refuses

Melissa continues to have concerns about Mara and her use of safety intervention and engaging families in the process. Mara is very punitive with her clients. When discussing her families during supervision, Mara cannot adequately articulate what safety looks like and tends to suggest out-of-home placement instead of partnering with the family to create a sufficient in-home safety plan. She also continues to focus on court ordered conditions instead of the change process.

Melissa feels guilty. She likes Mara as a person and believes that she could be a good social worker. Her heart is in the right place. Still, Melissa is concerned about Mara's clients and the consequences they will suffer from her inability to evaluate safety effectively.

Melissa does not know how to progressively discipline. She feels that evaluating safety intervention and engaging skills are not as concrete and evident as someone who comes in late everyday or skips out of work.

Building a Strong Team

As a Supervisor, you will be managing a team of workers. When performing your roles as a supervisor (administrative, educative, supportive), you must consider how these roles are connected to the development of your team.

Of course, it will be challenging to jump right in and effectively lead your team. If you are new to child welfare, you may not know the individual team members. Maybe you were promoted from within and know your team members very well. It's possible your team of peers is not ready to accept you in your new role of supervisor. Remember the nervousness that you are feeling as a new supervisor is likely comparable to what your team members are feeling.

As a Team Supervisor your responsibilities include:

- Bringing the team together
- Strengthening the team's cohesion on an ongoing basis
- Facilitating positive and healthy team interaction
- Encouraging ongoing team development
- Having fun!

Getting to know your team will be a process that takes time. Here are some suggestions for getting started:

- If possible, talk to the previous supervisor.
- If the previous supervisor is not available, find out if the program manager or other supervisors are willing to talk with you.
- Talk to the team. Find out what they think about their communication and cohesiveness.

Know how your team came to be

It is very likely that prior to their first day on the job, they were placed on a team chosen by administration. The individual and group behavior can be very different depending on how they became members of the team.

Consider the following examples of *voluntary* teams:

A recreation baseball league

A workgroup that people signed up for

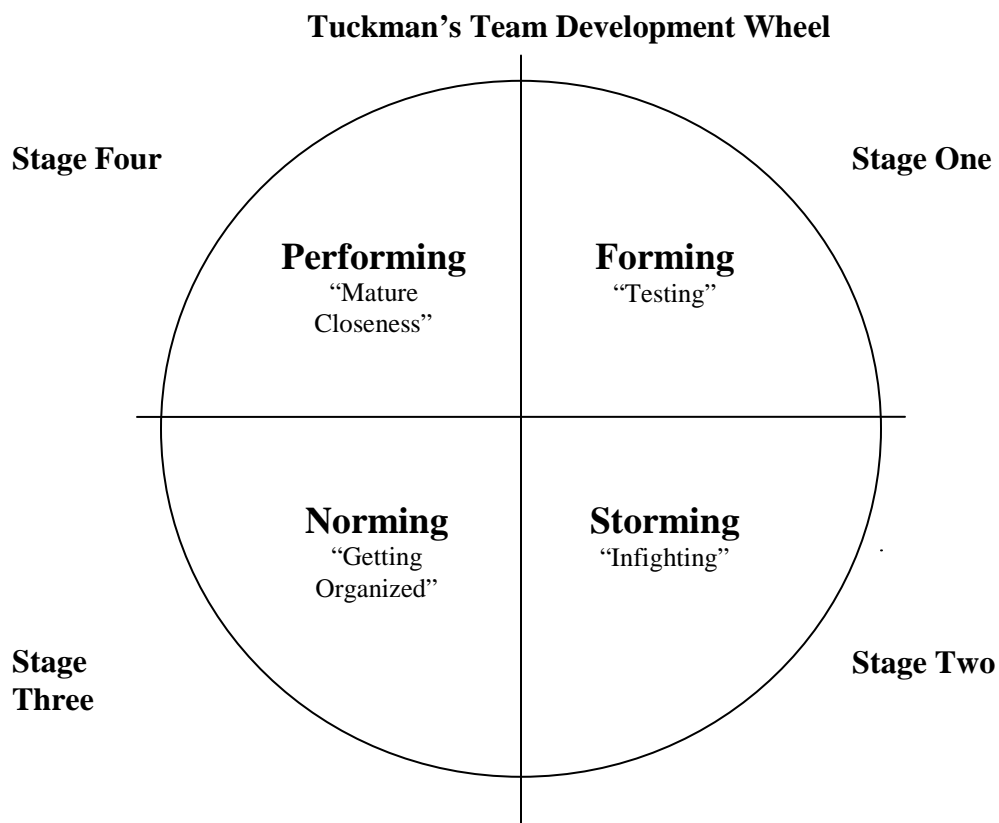
The Parent-Teacher Association

The National Association of Social Workers

Now shift gears and think about a basketball team and a golf team. The basketball team relies on one another to achieve a goal which is more baskets scored than the other team. The golfers focus on individual performance and add the scores.

Team Formation

As a supervisor, you should have a clear understanding of team formation. Team formation has four different stages: Forming, Storming, Norming, and Performing. The formation stage your team is functioning in will require you to respond in different ways as members will behave differently at each stage.



Adopted from Tuckman B.W. (1965). Development sequence in small groups. *Psychological Bulletin*, 63, 384-399.

Stage 1 (Forming)

- Initial beginning for team
- Usually lasts about 1-3 months
- Team will return to formation, whenever a new person joins the team.
- Team members are polite to one another
- Limited trust

Stage 2 (Storming)

- Can last 3-5 months to forever
- Differences emerge
- Cliques form
- Usefulness of certain team members is questioned

Stage 3 (Norming)

- Members have decided to commit to the team
- Are not welcoming to outsiders
- Can be short-lived
- Can lead to “them” vs. “us”

Stage 4 (Performing)

- Benefits of teaming have emerged
- Team focuses on achieving goals
- Informal experts emerge
- Members rely on one another

How team development applies to you:

- When you join the team as a new supervisor, the team will revert to forming.
- It is normal for spikes in conflict when a new supervisor takes over the team.
- People will test you. You may hear a lot of “that is not how we used to do it”.
- Transitioning from peer to supervisor can affect team conflict, particularly if you were a member of the team before.
- Some teams never get past storming due to a breakdown in team functioning.

Suggestions to aid in formation and cohesion:

- Develop specialization in individuals. If Suzy previously worked at W2 and has a good knowledge base of W2 service, have her be the “go to” person for the team if they have W2 questions.
- Get the team’s view on group supervision. Explain to them that team development is important and learning together fosters their cohesion.
- Develop a team credo. Remember the management credo? Well, it works well for the team too! The team needs goals and reasons to achieve those goals together.
- Encourage open communication within the team. If Julio is having a problem with Darlene, try to have them work it out before you get it involved.
- Again have fun!

Information in this section was adapted from:

Mackin, D. (n.d.). *Team Development: The Four Stages of a Developing Team*. The Sideroad Practical Advice Straight from the Experts. Retrieved November 10, 2008, from http://www.sideroad.com/Team_Building/team-development.html

Case Study 3.1: New Supervisor, Old Team

James recently took over for Erin. Erin's team has been together for three years with limited worker turn over. The team was very successful in identifying threats to safety and reunifying families. The team had a strong bond and members rely on one another for assistance and support. Erin is on maternity leave; however, when she returns she will be assigned to a different team. She is an experienced supervisor and due to ongoing issues on another team, the Program Manager believes that when Erin returns she will be placed with the other team.

James was just promoted to the Supervisor Position. He feels badly that Erin will be unable to supervise her team and is aware that the team has bad feelings about the agency's decisions. Unfortunately, the team isn't as understanding of James. He used to sit one cubicle row over from them and they think he's loud and obnoxious. The team isn't so sure that he is capable of supervising them.

Motivating Your Team

As a Supervisor you will need to be a good motivator. That is not to say that motivating your team won't be challenging at times. Motivating teams requires knowledge of human behavior and that which we need to get going. Motivation is not a constant. At times, you may need to evaluate what your team is doing and revise the goals or purpose. The following are factors that are necessary for motivating any team. They are a clear purpose, challenge, camaraderie, growth, and a great leader.

Let's start with great leader as that may seem a bit intimidating. What we mean by *great leader* is a supervisor who can:

- Help others see the best in themselves
- Fosters independence
- Ensure the working environment is conducive to the other factors necessary for motivation.

Purpose

- Every team needs a purpose. Without it, team motivation is guaranteed to be low.
- The purpose or mission must align with personal wants and needs of the individuals
- Establish a team mission or a team credo. Use the template suggested earlier in this guidebook to help your team. Do not write the mission yourself. Instead meet with the team and write the mission together.
- When writing the team mission, be sure to factor in the Systems Model. Do not use task specific examples for the mission, such as "timely documents". The mission should express why the team is in child welfare.

Challenge

- People need to be challenged. If work is too easy, the team will surely get bored. If you create work that is too difficult and impossible to do, the team will feel ambivalent and give up.
- Consider periodically presenting the challenges. You could do the challenges every quarter. For example, January, February, and March could be focused on each team member practicing their interviewing skill with clients. Another challenge could be reducing the number of child moves through conflict resolutions in current foster homes and more time and effort placed on placing a child in a certain foster home.

Camaraderie

- Effective teams rate high on interpersonal relationships and are highly competent in their jobs. Message: Don't focus only on work related issues. Work relationships are important.
- Dislike for one another often results from a lack of understanding. Encourage your team to be self-reflective. If they don't like someone, why?

- Frequently praise your staff and encourage them to offer praise to one another. Consider having a “compliment corner” at the team meetings where members can offer compliments to each other.
- Team retreats are opportune times to get to know one another better. Do a fun activity and relax.
- If your agency allows it, consider having a team meeting or a team lunch off-site. Maybe you could meet at a local coffee shop. Sometimes a change in location puts people at ease.

Responsibility

- When people have more responsibility, they can take ownership of a project.
- Give your team responsibility that includes authority. Micro-managing often oppresses a sense of authority.
- Be sure that the consequences are not too great, if failure occurs. This could create the reverse effect of your intentions to motivate.

Growth

- People need to feel that they are learning and are moving forward.
- Ask members what they would like from their team
- Keep your eyes and ears open to determine possible learning experiences. Perhaps your team is struggling with clients who have bi-polar disorder. Consider asking a mental health profession to come in and talk about working with bi-polar clients.

Information in this section was adapted from:

Grazier, P. (1998). *Team Motivation*. Retrieved August 21, 2008 from www.teambuildinginc.com/article_teammotivation.htm.

Team Meetings

Team meetings are meetings that you will hold on a regular basis with your entire team. Team Meetings are a quick and simple way to relay information to all of your staff in one sitting. It will be important for you to be clear that team meetings are mandatory. In a team meeting, you will once again have different opportunities to perform in the three roles: Administrative, supportive, and educative.

Why are team meetings important?

- New agency policies and procedures are explained to staff.
- Safety standards can be reviewed.
- Other information from administration can be relayed to staff.
- Team performance, positive or negative, can be addressed. Addressing these issues with the group allows for consistency and prevents you from repeating yourself.
- Team meetings provide a great opportunity for group supervision (see below).
- Group education and/or professional development can be provided. Examples are discussing stress relief or PHD Programs in Social Work.
- Difficult issues, concerns, or ideas can be shared and discussed among team members.
- They aide in team cohesion.

Be consistent with Team Meetings

- These meetings occur weekly to bi-weekly depending on the needs of your team and the events and needs of the agency.
- It is best to schedule the same day and same time.

Group Supervision:

Group supervision is a great opportunity for staff development. Group supervision can occur during a team meeting. Group supervision is similar to individual supervision, except you will be reviewing a case with your entire team. The team will also be providing support and offering ideas to one another.

Group Supervision is beneficial because...

- It's a great way to review professional practice (safety assessments, engaging skills, etc)!
- Team members can learn from case specific examples and bounce ideas off of one another.
- Your thought process is modeled before the entire team.
- Workers can problem solve together.
- It is a learning experience for staff and allows for professional development.
- It aides in team cohesion.
- Each team member's self-efficacy improves as they are able to help one another out.
- The team can practice their eco-mapping and genogram skills.

How to get started:

- Have a staff member present a difficult case that the group can review together.
- Don't make it an "assignment" that one person has to present at every meeting. Instead when an issue arises in individual supervision, suggest that person bring the case to the team meeting.

Once a case is chosen:

- Have the worker draw an eco-map or genogram on a dry-erase board or chart paper so it will be large enough for everyone to see.
- Allow for them to explain the case, the safety factors affecting the case, and the current problems that the worker needs assistance with.
- Allow for team members to ask questions to familiarize them with the case.
- Give the team time to respond to the worker's presentation of the family and offer ideas.

Case Study 3.3:

Darnell has been a supervisor for two months. He read the Supervisor Guide Book and thought he would get off to good start by following the tips on motivation. Darnell and his team wrote a team credo and they meet regularly for group supervision.

Darnell feels that his team is lacking motivation. They complain about group supervision and always seemed sluggish during team meetings. He is not sure what to do. He thought by doing what the binder suggested, his team would be motivated and energized.

TEAM MEETING AGENDA
March 21, 2009
9 a.m.

1. Check -in
2. Compliments – great job on assisting one another with court coverage!
3. Overdue documents
4. Client Surveys – due March 30, 2009
5. Safety Intervention- Review the Threshold Criteria
6. WICWA Requirements
7. Group supervision – Jenny will present the Smith case.
8. Group learning/professional development – Shelly teaches Yoga. She will do a demo class and talk about Yoga practice and stress reduction.
9. Questions? Concerns?

Next Team Meeting:
April 5, 2009
9 a.m.
Room C

SAMPLE

Matt's Supervisory Team Meeting

AGENDA

Date: 3/10/09

**Time: 11:00 –
1:00 pm**

**Place of
Meeting:
Conference
Room A**

YOUR LOGO
HERE

- Check-in Time
- Compliment corner, positive story of the week.
- Administrative Updates
 - Perm. Plan due dates
 - Overpayment justification report
 - TPS Reports
- Safety Intervention Check-in
 - Experiences with district attorneys
 - Is Safety Plan being reviewed at Case Transfer meeting?
- WICWA Requirements
- Goal Writing Examples
 - Mary's examples from the S. family
 - Expectations for new case plans
- Adjournment

SAMPLE

AGENDA

Team Meeting

Friday, November 12, 2008

9:00 – 10:30

Attendees: Full Team Attendance Mandatory

Time	Topics	Lead by:
9:00 a.m. – 9:10 a.m.	Check In Time Treats! - <i>Matthew Brown</i> <i>Successful Story Time!</i>	Matt
9:10 – 9:45 a.m.	Administrative Issues Overpayment worksheet Due Late Case Progress Evals Reschedule Next weeks meeting.	Matt
9:45 – 10:25 a.m.	Best Practice Topics Creating sufficient Protective Plans Family Engaging WICWA requirements Case Example, Mary Smith	Matt with Johanna's case example
10:25 – 10:30	Wrap-up and Close	

Inspirational Quote of the Month:

“All changes, even the most longed for, have their melancholy, for what we leave behind us is a part of ourselves; we must die to one life before we can enter into another.” -Anatole France

SAMPLE

February 4, 2009
8:30 – 10:00
Conference
Room

TEAM MEETING

Meeting called by:	Marcus Jones, IA Supervisor	Type of meeting:	Weekly Team Supervision
Facilitator:	n/a	Note taker:	n/a
Timekeeper:	n/a		
Attendees:	Team		

Please read: Assessing Impending Danger (Safety Reference Guide)

Please bring: Safety Reference Guide

AGENDA ITEMS

Topic	Presenter	Time allotted
✓ Check-in Time	Marcus	15 minutes
✓ Administrative Topics	Marcus	45 minutes
✓ Safety Plans		
✓ WISACWIS changes coming		
✓ Coverage supervisors during leave of absence		
✓ WICWA Requirements		
✓ Information collection standard: Child Functioning	Jenny	20 minutes
✓ Safety Threshold in Neglect Cases: Examples	Donna	10 minutes

OTHER INFORMATION

Observers:

Resources:

Special notes: Pat will be facilitating next Thursdays meeting.

SAMPLE

Supervising safety, the family assessment and case planning process

The process of supervision spans the life of each case. The safety intervention process represents a model for safety intervention, assessment, and planning. There are supervision techniques that are beneficial in each stage of a case. The safety intervention process is a family centered approach that reinforces a belief and practice principle that caregivers are the authority figures in their family and as such they are the center of intervention. Support of a caregivers' right to self determination is a central practice tenant and the key to the concept for change.

Safety assessment occurs throughout the life of a case and consists of four assessments:

1. Access Assessment
2. Initial Assessment
3. Family Assessment and Case Plan
4. Case Plan Evaluation

Supervisors should also be aware that a child's Indian status has a significant impact on the case planning process and should be consistently reminding workers to confirm Indian status throughout the life of the case.

This section incorporates information from the Child Protective Services Safety Intervention Standards applicable to each stage of the assessment process as well as WICWA standards. Please refer to Appendix D for the complete Child Protective Services Safety Intervention Standards and Appendix F for the WICWA Desk Guide and Demonstrating Active Efforts under WICWA.

If you are unsure about how to supervise throughout the life of a case, that's okay! You will get training and experience along the way. Your role in supervising safety and family assessment includes:

- Developing expert understanding of safety intervention. If you can't define present danger, how can you effectively supervise safety intervention?
- A good knowledge of what constitutes an effective safety assessment and a sufficient safety plan.
- You will be accountable for the competence and effective safety intervention of your workers.
- Constantly communicating about safety with your team and your supervisor.
- Self-reflecting with your supervisor.
- Being mindful that you are not conducting safety intervention with families, your workers are. It is your job to facilitate their ability and confidence to provide effective safety intervention through the assessment process.

Your approach will impact the development of your workers' competence and their ability to effect quality safety intervention. Of course, people are different and approach will vary. There are four areas that we ask you to consider about yourself: access, style, criteria-minded, and interpersonal interaction.

Are you accessible?

- Be available to your staff. This is another reason to hold individual supervision meetings on a regular basis (weekly, if possible).
- Allow your workers to “hash” out cases with you.
- Be a “sounding board”.
- Keep track of safety issues in cases. Ask your workers to articulate the safety issues and what needs to change?
- Supervision must occur regularly.

What’s your style?

- Don’t be quick to give advice or the solutions. Let your workers process situations.
- Listen; listen some more.
- Pose different scenarios for the worker. Take time to evaluate all possibilities and potential outcomes.
- Ask questions. If you don’t know something necessary about a family, how can you help to facilitate effective intervention?
- Understand the worker’s perceptions and the basis.
- Encourage workers to be self-reflective and to address their own personal biases. If a client is a prostitute while her kids are at daycare (no safety concerns) and worker Manuel has issues with her profession, talk it out and help him understand that our biases do not equal safety concerns.

Be Criteria Minded

- Assure that your workers are always applying the safety threshold when considering safety intervention and are evaluating family information.
- Develop workers confidence with safety assessment and safety analysis. Workers should understand and be able to explain the criteria required for each document.
- Focus supervision time on developing worker’s competence through developing knowledge and skill and understanding values.

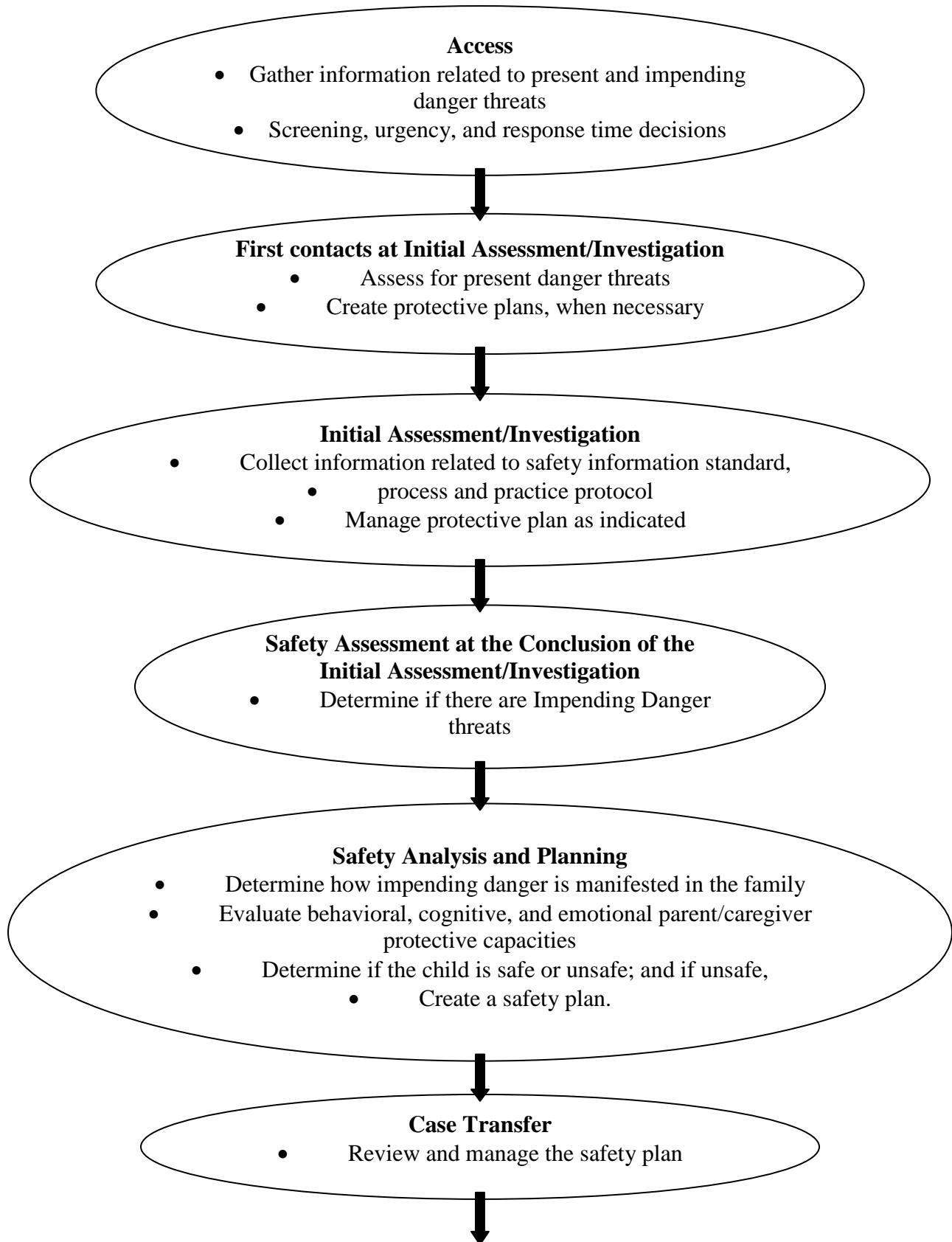
Interpersonal Interaction

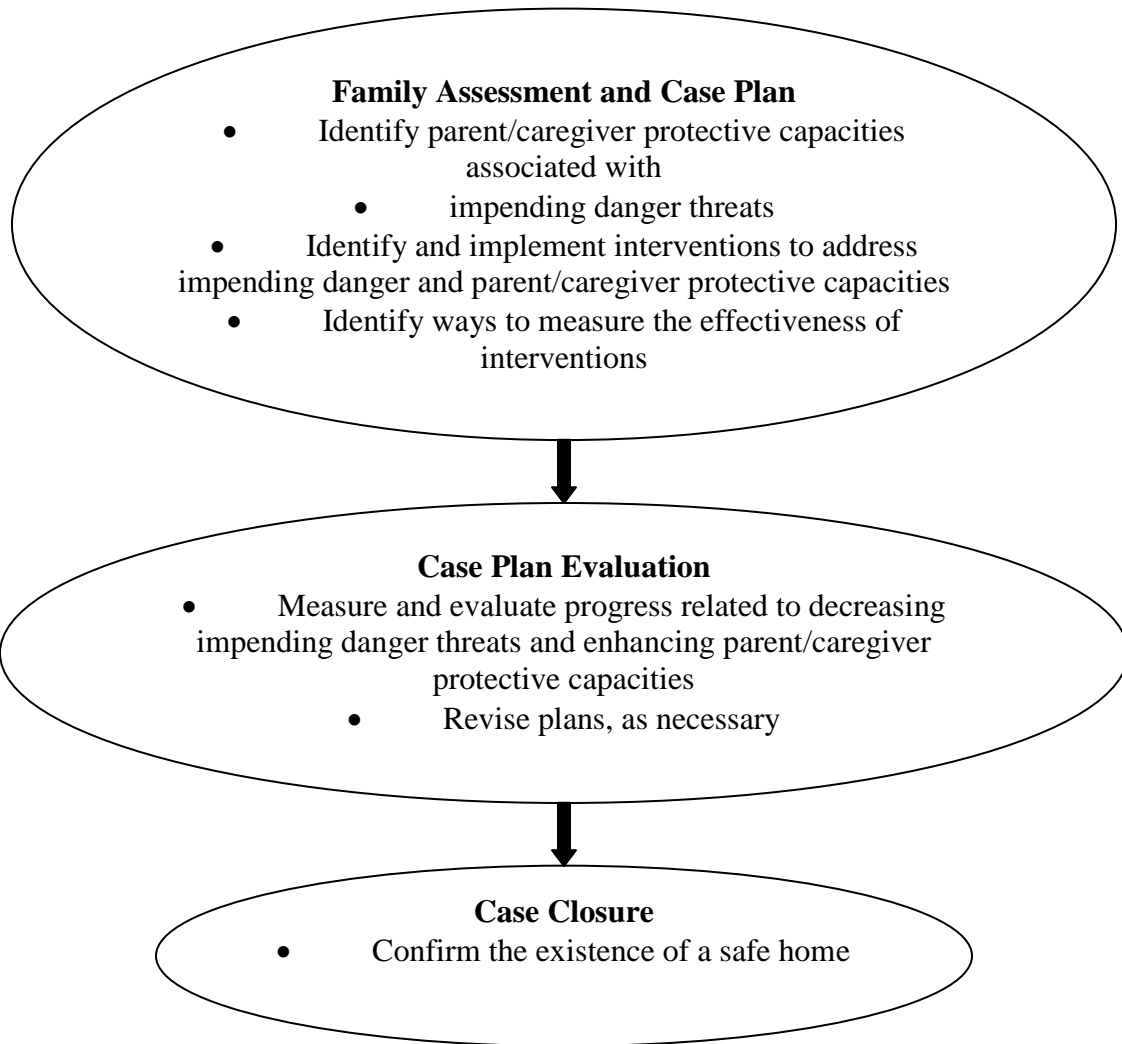
- Do not be authoritarian in your approach.
- Allow for and encourage risk taking in conversations, discussions and exchange.
- Use reflective listening skills.
- Ask the worker questions to facilitate further thinking.
- Liberally seek to clarify.
- Explain.
- Check out understanding and perception (e.g., How do things look from the worker’s point of view?).
- Brainstorm options and alternatives.
- Be prepared to be spontaneous in providing expert teaching; seize the moment.

Information in this section was adapted from:

Holder, T & Holder, W. (2004). *A Supervisor’s Guide to Consulting: Developing Worker Confidence in Safety Intervention*. Managing Sufficient Safety in CPS.

CPS Case Flow and Safety Intervention





Supervising Access Assessment

Access Assessment is the first assessment within the assessment process. Access is the name the Department of Children and Families has given to the intake process. Reports are called in concerning alleged child maltreatment. Access workers screen the calls to determine if further action is needed. Most importantly, Access drives who the agency “seeks to serve.”

“Who do we seek to serve?”



Access Supervisors need to ensure the following:

- Access workers are providing a customer service approach with a high degree of responsiveness to the reporter.
- Access workers understand that referrals are made in good faith and demonstrate concern in the community.
- Access is committed to the fidelity of the safety assessment process.
- Access workers are assessing the family’s Indian status.

Access workers: Are they staying true to the process?

Below are indicators that an access supervisor should look for:

1. Immediate interpersonal engagement

Access workers must have a customer service approach AND be responsive. This means:

- Respect for the reporter
- Courtesy
- Interest in all aspects of the reporter’s account and concerns
- Information that enlightens the reporter and facilitates his or her ability to state and explain concerns
- Empathy for feelings and circumstances the reporter may be feeling
- Support to the reporter for the expression of responsibilities and concerns
- Assistance to the reporter which encourages elaboration and clarification

2. *Consistently using information collection protocol*

- Stage 1: Introduction
- Stage 2: Exploration information collection
- Stage 3: Closing the Interview

3. *Information collection standard*

Workers must gather information around these six areas to effectively screen for safety:

- Maltreatment
- Surrounding circumstances
- Child functioning
- Parenting discipline
- General parenting
- Adult functioning

In addition, workers must gather information to assess for the family's Indian status.

4. *Clearly documented agency records, history with agency (there is a specific standard for Access worker doing a record check as part of the process)*

5. *Application of criteria for decision making: maltreatment; present danger; impending danger*

- Screening
- Urgency decision

6. *Access staff adheres to documentation requirements*

Access documentation is thorough and clearly describes the six areas of information collection.

7. *Supervisory review, approval and decision for assignment*

- Access worker consults with the supervisor as necessary
- Access worker recommends to supervisor screening and response decisions
- Access decisions require supervisor approval
- Access documentation is approved by Supervisor
- Supervisor is responsible for the timely assignment of the Initial Assessment

8. *Documentation requirement*

Documentation should clearly reflect why the safety decision was made.

9. *WICWA Requirements*

- In all aspects of safety intervention, and Indian child's family and tribe must be informed and the Indian Child Welfare Act (WICWA) must be followed.

I.C. WICWA Requirements

In all aspects of safety intervention, an Indian child's family and tribe must be informed and the Indian Child Welfare Act (WICWA) must be followed. [25 USC 1901 to 1923]

If a petition is filed on behalf of an Indian child, as defined in the Indian Child Welfare Act, CPS must notify the tribe, tribes or Bureau of Indian Affairs as required in WICWA and in accordance with the policy "Identification of Indian Children and Proper Notification in Cases Subject to the Indian Child Welfare Act." [DCFS Memo Series 2006-01]

When an Indian child is placed in out-of-home care all WICWA requirements regarding placement preferences must be followed. All actions taken to comply with WICWA must be documented in the case record.

Additionally, the WICWA requires notification to the appropriate tribe when an Indian child is removed from his or her parent or Indian Custodian for temporary placement in a foster home or institution or the home of a guardian or conservator where the parent or Indian Custodian cannot have the child returned upon demand.

SAFETY INTERVENTION STANDARDS

CPS Access:

- Gathering information related to present and impending danger threats to child safety; and
- Making screening, urgency, and response time decisions based on threats to child safety

Case Study 4.2: Thomas

Todd is a new Access Supervisor. Todd took the Access Training about two months ago. He was impressed by the training and believes wholeheartedly in the "customer service" approach Access workers are supposed to have with the community.

Todd has been having problems with one of his workers, Thomas. Thomas has been an Access worker for almost 10 years. He is very abrupt on the phone. His motto was "if you don't have all the information I need, don't bother calling." Thomas was tired of endless calls from family members about messy houses or calls from angry parents who had split from one another and seemingly want to get the other in trouble.

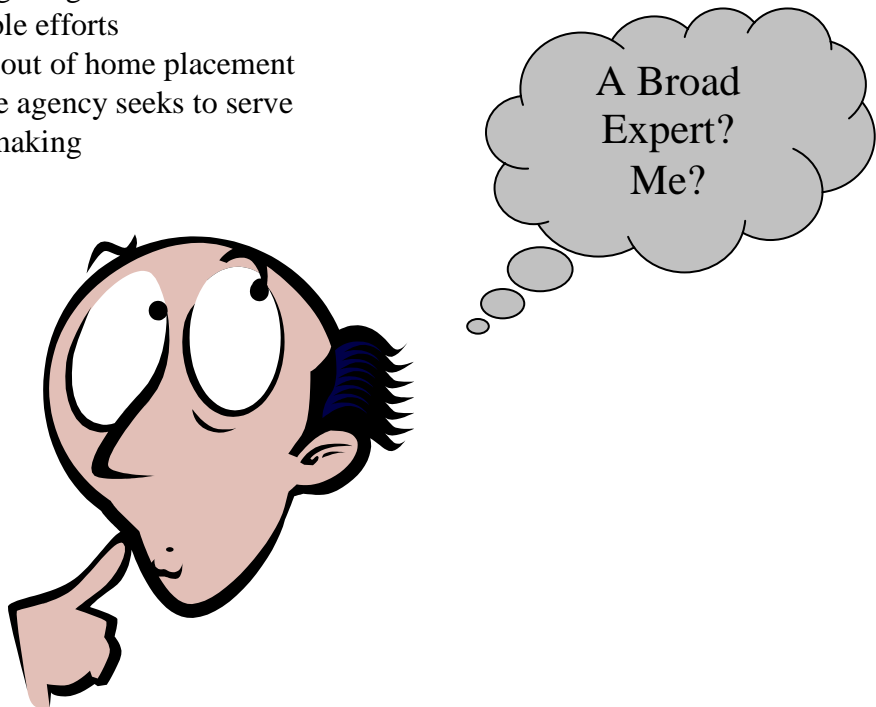
Todd has observed Thomas' behavior on the phone. When Todd confronted him, Thomas dismissed Todd's concerns due to his limited time in child welfare. Thomas didn't take Todd seriously. Todd is concerned about the ramifications of Thomas' approach on the phone.

Supervising Initial Assessment

Initial Assessment is the second assessment in the process. Initial Assessment Workers gather sufficient information about the family; caregiver and child functioning. The worker and their supervisor use this information to determine if a child is unsafe and in need of protection; and if families are in need of continued involvement. In addition, IA workers must gather information about the child's status as an Indian to determine whether WICWA applies.

Initial Assessment Supervisors are the broad experts in the assessment process. They oversee their workers conducting the following activities:

- Managing present danger
- Gathering information for decision making
- Confirming maltreatment
- Identifying impending danger
- Evaluating caregiver protective capacities
- Managing impending danger
- Performing reasonable efforts
- Evaluating safety in out of home placement
- Determining who the agency seeks to serve
- Justifying decision making



Initial Assessment (IA) Supervisors need to ensure that workers:

- Use an Initial Assessment approach, not an intervention or investigation approach.
- Understand that child maltreatment is not the family problem, but a symptom of a family problem.
- Know that the family is the client. This doesn't eliminate the importance of child safety; however, the parents/caregivers are the gatekeepers to the family functioning. The parents are "who we do business with."
- Understand that a decision CANNOT be made without sufficient information.
- Can define safety. (See the Safety Article in Appendix C)
- Are familiar with the WI Safety Intervention Standards (Refer to Appendix D).
- Are assessing a child's Indian status and following the guidelines of WICWA, if applicable (Refer to Appendix F).

Initial Assessment vs. Intervention

Initial Assessment is concerned with:

- Effectiveness related to evaluating safety
- Information collection focused on family functioning
- Caregiver protectiveness – child needs orientation
- Maltreatment as symptomatic of a problem
- Concerned with factual information
- Understanding impending danger and caregiver protectiveness

Intervention (Investigation) is concerned with:

- Effectiveness related to determining guilt
- Information collection is focused on incident
- Perpetrator – victim orientation
- Maltreatment as problem
- Concerned with evidence
- Proving maltreatment

Initial Assessment Workers answer the following questions through information collection around family functioning:

1. *Maltreatment*: What is the extent of the maltreatment?
2. *Nature*: What surrounding circumstances accompany the maltreatment?
3. *Child Functioning*: How does the child function on a daily basis? Includes pervasive behavior, feelings, intellect, physical capacity and temperament.
4. *Parenting/Discipline*: What are the disciplinary approaches used by the parent, including the typical context?
5. *Parent/General*: What are the overall, typical, pervasive parenting practices used by the parent?
6. *Adult General Functioning*: How does the adult function in respect to daily life management and general adaptation?

7. *Family Functioning*: Describe the family's general functioning, strengths, and current stresses

During information collection, supervisors should assure that the information workers are collecting sufficient information that:

- Describes the category in full and acceptable ways so that a picture of what has or is happening can be understood.
- Is relevant to the category only.
- Is pertinent to gaining/possessing a full/reasonable understanding of the category.
- Is essential to understanding the category in order to draw conclusions about the category.
- Is adequate enough to have confidence about conclusions one can reach in the category.
- Covers the principle or core issue associated with the category.
- Determines whether WICWA applies to the case

Safety Intervention Standards

CPS Initial Assessment/Investigation:

- Collecting thorough safety related information with respect to individual and family member functioning;
- Analyzing the information in order to determine whether a child is safe or unsafe;
- Developing safety plans that are effective in assuring child safety and are the least intrusive to the family; and
- Overseeing and managing child safety.

Information in this section adapted from:
Action for Child Protection, Inc. (2008). Advanced IA Training.

Case Study 4.3: Information Collection

You are a new supervisor in Initial Assessment. Your worker, Pat, is struggling to make a decision on the following case:

- A single mother hit her 7-year old at a local grocery store.
- The hit was open-handed and the child had red marks on his face.
- There have been two other referrals to the agency alleging physical abuse. Those referrals were screened out.
- The 7-year old child is autistic.
- He appears to be well dressed and clean.
- He attends school regularly.
- There is a two-year old child in the home.
- The two-year old is healthy and there are no developmental concerns.
- The 7-year old is very clingy to his mother and the worker did not see him leave her side during the interview. This “clinginess” appears to stress the mother out. She was agitated and kept pushing him away.

Supervising the Initiation of CPS Ongoing Services

The initiation of CPS Ongoing Services is a tenuous stage in the case process and requires additional supervision to ensure that a transition meeting between the initial assessment worker and the ongoing worker to discuss the safety plan takes place. Attention to child safety is critical during the transition to ongoing services.

Safety Intervention Standards

CPS Ongoing:

- Evaluating the existing safety plan developed during initial assessment/investigation;
- Managing and assuring child safety through continuous assessment, oversight, and adjustment of safety plans that are effective in assuring child safety and are the least intrusive to the family;
- Engaging families in a case planning process that will identify services to address threats to child safety by enhancing parent/caregiver protective capacities; and
- Measuring progress related to enhancing parent/caregiver protective capacities and eliminating safety related issues.

Initiation of CPS Ongoing Services

VI.A. Reviewing the Safety Plan at the Initiation of Ongoing Services

The review of the safety plan by the newly assigned worker must include:

- a transition meeting between the initial assessment/investigation worker and the newly assigned worker to discuss the specific expectations for CPS oversight of the safety plan,
- meeting face-to-face with parents/caregivers and children within seven (7) working days from the initiation of ongoing services to review their understanding of the safety plan and their roles and responsibilities,
- communicating with safety plan participants/providers, either in person or by telephone, to confirm their continued commitment to and involvement in the safety plan as well as their understanding of their roles and responsibilities, and
- modifying the safety plan as necessary and assuring that all parties involved in the safety plan are informed and remain committed.

Note: There are other times in the case process when a case is transferred from one worker to another or from one county to another. In these circumstances, CPS workers must also have a transition meeting to discuss the specific expectations for CPS oversight of the safety plan.

In cases of an Indian child, case managers will be expected to work in a collaborative way with the child's tribe. In addition, the case plan will be expected to meet the active efforts standard as defined in WICWA. See Appendix F for the WICWA Desk Guide and Demonstrating Active Efforts under WICWA.

Demonstrating Active Efforts under WICWA

Active efforts

- Before a foster care placement or a termination of parental rights may be effectuated for an Indian child, the court must determine that active efforts have been made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family and that these efforts have proved unsuccessful.
- Active efforts is a higher standard than reasonable efforts.
- Active efforts requires an ongoing, vigorous, and concerted level of case work that takes into account the prevailing social and cultural values, conditions, and way of life of the Indian child's tribe and that utilizes the available resources of the Indian child's tribe, tribal and other Indian child welfare agencies, extended family members of the Indian child, other individual Indian caregivers, and other culturally appropriate services providers.
- Active efforts and the unsuccessful results of those efforts must be documented before the court may order an out-of-home care placement or a termination of parental rights.
- In determining whether active efforts were made to prevent the breakup of the Indian family, the court must determine whether the agency conducted the following, as per s. 48.028(4)(g) and 938.028(4)(f):
 - Representatives designated by the Indian child's (juvenile's) tribe with substantial knowledge of the prevailing social and cultural standards and child-rearing practice within the tribal community were requested to evaluate the circumstances of the Indian child's (juvenile's) family and to assist in developing a case plan that uses the resources of the tribe and of the Indian community, including traditional and customary support, actions, and services, to address those circumstances. [1.a.]
 - A comprehensive assessment of the situation of the Indian child's (juvenile's) family was completed, including a determination of the likelihood of protecting the Indian child's (juvenile's) health, safety, and welfare effectively in the Indian child's home. [1.am.]
 - Representatives of the Indian child's (juvenile's) tribe were identified, notified, and invited to participate in all aspects of the Indian child (juvenile) custody proceeding at the earliest possible point in the proceeding and their advice was actively solicited throughout the proceeding. [1.b.]
 - Extended family members of the Indian child (juvenile), including extended family members who were identified by the Indian child's (juvenile's) tribe or parents, were notified and consulted with to identify and provide family structure and support for the Indian child (juvenile), to assure cultural connections, and to serve as placement resources for the Indian child (juvenile). [1.c.]

- Arrangements were made to provide natural and unsupervised family interaction in the most natural setting that can ensure the Indian child's (juvenile's) safety, as appropriate to the goals of the Indian child's (juvenile's) permanency plan, including arrangements for transportation and other assistance to enable family members to participate in that interaction. [1.d.]
- All available family preservation strategies were offered or employed and the involvement of the Indian child's (juvenile's) tribe was requested to identify those strategies and to ensure that those strategies are culturally appropriate to the Indian child's (juvenile's) tribe. [1.e.]
- Community resources offering housing, financial, and transportation assistance and in-home support services, in-home intensive treatment services, community support services, and specialized services for members of the Indian child's (juvenile's) family with special needs were identified, information about those resources was provided to the Indian child's (juvenile's) family, and the Indian child's (juvenile's) family was actively assisted or offered active assistance in accessing those resources. [1.f.]
- Monitoring of client progress and client participation in services was provided. [1.g.]
- A consideration of alternative ways of addressing the needs of the Indian child's (juvenile's) family was provided, if services did not exist or if existing services were not available to the family. [1.h.]

Resources:

(1) ICWA section 1912(d)

(2) BIA section D.2

(3) Wi. Statutes, s. 48.028(4)(g) 1.a. to h. and 938.028(4)(f) 1.a. to h.

Supervising Safety Intervention in CPS Ongoing Services: Family Assessment and Case Planning

The Family Assessment determines what must change in a family situation to assure for child safety. The assessment is a collaborative process between the child welfare professionals and caregivers which focuses on enhancing caregiver protective capacity associated with impending danger. In addition, in cases involving Indian children, this collaborative process must involve the child's tribe.

As a supervisor, you will have the role of developing your workers' skills and ensuring their commitment to the basic principles of family assessment and ongoing services.

Some helpful hints to getting started in your supervision of the family assessment:

- Accompany each of your workers to home a visit to observe their skills at various intervention stages.
- Give lots and lots of feedback.
- Enhance their engaging and assessment skills. Schedule group supervision.
- Practice goal writing in case plans.
- Be mindful of engaging and assessment in all aspects of your work. It should be an integral part of individual supervisions and the driving force in case planning.

Safety Intervention Standards

VI. Initiation of CPS Ongoing Services

VI.A. Reviewing the Safety Plan at the Initiation of Ongoing Services

The review of the safety plan by the newly assigned worker must include:

- a transition meeting between the initial assessment/investigation worker and the newly assigned worker to discuss the specific expectations for CPS oversight of the safety plan,
- meeting face-to-face with parents/caregivers and children within seven (7) working days from the initiation of ongoing services to review their understanding of the safety plan and their roles and responsibilities,
- communicating with safety plan participants/providers, either in person or by telephone, to confirm their continued commitment to and involvement in the safety plan as well as their understanding of their roles and responsibilities, and
- modifying the safety plan as necessary and assuring that all parties involved in the safety plan are informed and remain committed.

Note: There are other times in the case process when a case is transferred from one worker to another or from one county to another. In these circumstances, CPS workers must also have a transition meeting to discuss the specific expectations for CPS oversight of the safety plan.

Attention to child safety is critical during the transition to ongoing services. Key factors associated with safety management oversight include:

1. Contact with the Parents/Caregivers and Children.

The need for contact is qualified by what is happening in a case at the time of case transfer. Based on information from the safety assessment and analysis, some case circumstances may support the need for immediate contact. These may include, but are not limited to:

- changes in circumstances that may impact child safety,
- the complexity or volatility of safety threats,
- the type of safety plan (in-home or out-of-home) and the need to respond differently to each,
- child vulnerability including susceptibility and accessibility to the safety threat(s),
- the level of effort/frequency of activities in the safety plan and reliability of those involved in the safety plan, and
- the confidence related to parent/caregiver participation and commitment to child safety.

2. Evaluation of the Safety plan

CPS staff needs to be proficient in safety management to assure that safety threats are controlled and managed at the needed frequency, duration, and service level. Furthermore, evaluation requires confirming that the safety actions taken by CPS and others match impending danger threats and compensate for the identified diminished parent/caregiver protective capacities.

3. Immediate Adjustment of the Safety plan

Safety planning needs to be understood as dynamic. CPS must act promptly and thoroughly when a safety plan is judged to be insufficient and in need of modification.

VII. Safety Intervention in CPS Ongoing Services Family Assessment and Case Planning Process

The process of assessing parent/caregiver protective capacities meets the requirements set forth in the Adoption and Safe Families Act concerned with integrating safety concerns in case plans and achieving safe homes. Understanding and using the concept of parent/caregiver protective capacities is the basis to address diminished protective capacities and safety threats in case plans.

VII.A. Family Assessment

Conducting the Assessment of Protective Capacities

To assess and identify parent/caregiver protective capacities when a child is unsafe, CPS should:

- review the results of the initial assessment/investigation, safety analysis and plan, and other relevant records,
- verify that the safety plan continues to control safety threats,
- make attempts to engage the family in a collaborative partnership in identifying any parent/caregiver protective capacities that must change to assure child safety,
- evaluate the parent's/caregiver's readiness to change, and
- gather information from the family's informal and formal support system to better understand safety threats, parent/caregiver protective capacities, unmet family needs, and prospective solutions and resources.

VII.A. Decisions and Conclusions at Family Assessment

To address child safety, CPS must make decisions and conclusions about the following:

- What parent/caregiver protective capacities are diminished and, therefore, result in impending danger to the child?
- What is the impact of adult functioning on parenting practices?
- What is the impending danger to the child based on how safety threats are manifested in the family?
- Are safety threats being adequately managed and controlled?

Involving Parents/Caregivers in Designing a Case Plan

CPS should discuss with parents/caregivers:

- the circumstances and family conditions involving impending danger,
- the rationale and necessity for safety and case plan services,
- the implications for parent/caregiver participation and commitment to case plans,
- the potential outcomes of successful or unsuccessful case plans, and
- specifically what conditions of the home or parent/caregiver behaviors need to change.

VII.B. Case Plan

VII.B. Case Plan Content

Consistent with the “Ongoing Services Standards and Guidelines for Child Protective Services”, when the family has an out-of-home or in-home safety plan, the first priority for case planning must be reducing the threats to child safety and enhancing the protective capacities of the parents/caregivers so that the family can assure child safety without CPS intervention.

The case plan must include:

1. Identified goals, developed with the family, which are specific, behavioral and measurable with a focus on enhancing parent/caregiver protective capacities in order to establish child safety and a safe home.
2. Identified services and specified roles and responsibilities of providers, family members, and the ongoing service worker to assist the family in achieving the identified goals.

Consideration of the following questions can aid in developing case plans that are successful and focus on changing conditions that make the child(ren) unsafe:

- How can existing enhanced parent/caregiver protective capacities be used to help facilitate change?
- What change strategy (case plan) will most likely enhance protective capacities and decrease impending danger?
- How ready, willing, and able are parents/caregivers to address impending danger and diminished protective capacities, and are there any case management implications?

VII.C. Family Assessment and Case Plan Documentation/Supervisory Approval

Consistent with the “Ongoing Services Standards and Guidelines for Child Protective Services”, the family assessment and case plan, which includes safety intervention information, must have supervisory approval (or her/his designee) and be documented in the family case record within sixty (60) days from the initiation of Ongoing Services.

VIII. Managing Safety during Ongoing Services

Continually evaluating the effectiveness of what has been planned to control safety threats (safety plans) or enhance parent/caregiver protective capacities (case plans) is a critical CPS responsibility in safety and case management. Because family dynamics/situations can change, it is necessary to monitor safety on a continuing basis.

Case management, as applied to safety intervention, refers to

- attempting to engage parents/caregivers in a process for change,
- identifying parents/caregiver protective capacities,
- integrating parent/caregiver protective capacities into case plans,
- arranging and implementing services focused on enhancing parent/caregiver protective capacities,
- communicating routinely with parents/caregivers and service providers,
- identifying and removing barriers and conflict that can jeopardize the successful implementation of the safety plan,
- evaluating parent/caregiver progress, and
- closing the case when a safe home has been achieved.

Supervising Case Plan Evaluation

The Case Plan Evaluation (CPE) is completed 90 days after the Case Plan and every 90 days thereafter. It is not just a document that gets signed, approved, and filed away. The Case Plan Evaluation's purpose is to measure the family's progress toward establishing a safe environment through the enhancement of caregiver protective capacities.

Ensure that your workers are competent in the following:

- Workers should be regularly discussing protective capacities with the family, court, and providers.
- The parents/caregivers should know and be able to describe what must change.
- If a parent is a "stuck", the worker should be able to have an honest conversation with them. Is it a provider? Does the parent not completely understand why they need to enhance a certain capacity?
- Workers should never write anything in a case plan or case plan evaluation that they haven't discussed with their clients.
- Workers should be engaging the tribe and following the guidelines of WICWA, if applicable.

Supervising the Case Plan Evaluation:

- When you review the CPEs, assure that each family has a unique, individualized plan and evaluation (that incorporates the requirements of WICWA if applicable).
- If you notice that a family's CPE looks similar to the last one, find out why. Did your worker use the cut and paste option? Is the family not making any progress?
- Ask the worker to justify their documentation on a regular basis.

Safety Intervention Standards

IX. Case Plan Evaluation

The case plan evaluation is a formal opportunity for the family and the Ongoing Services worker to assess and evaluate progress toward enhancing parent/caregiver protective capacities or reducing or eliminating safety threats and to make any needed modifications to the plan to support the family in establishing and maintaining a safe home for their children.

IX.A. Measuring and Evaluating Progress and Change

As part of monitoring an in-home or out-of-home safety plan (*refer to Section VIII.A. Monitoring the Safety plan*) the Ongoing Services worker must conduct a case plan evaluation every 90 days after the initiation of the case plan in order to evaluate the effectiveness of the case plan and measure progress and change.

The goals in the case plan are used as the basis for evaluating progress and change related to enhancing parent/caregiver protective capacities related to impending danger threats.

When the case plan evaluation indicates that the case plan needs to be modified due to changes in parent/caregiver protective capacities or threats to safety, the Ongoing Services worker, in collaboration with parents/caregivers, must revise the plan or create a new case plan.

IX.B. Documentation/Supervisory Approval

Case Plan Evaluation information must be documented in the family case record and approved by a supervisor or her/his designee.

Supervising Reunification and Case Closure

Reunification and case closure can be a complex phase in the life of a case. The essential question prior to reunification is, “Can the child be kept safe within the home if he or she is returned home?” Safety within the home must be assessed and an in-home safety plan developed. Workers may feel some ambivalence and need extra support throughout the assessment process.

Safety Intervention Standards

X. Reunification

Reunification represents a specific event within ongoing CPS safety management. It is possible to reunify after parents/caregivers have made progress related to addressing issues associated with safety threats and parent/caregiver protective capacities. The essential question is, “Can the child be kept safe within the home if he or she is returned home?”

X.A. Reunification Criteria and Process

Prior to a child being reunified, the following safety criteria must be met:

- Child safety can be maintained within the child’s home,
- Circumstances and behavior that resulted in removal can now be managed through an in-home safety plan, and
- A judgment can be made that an in-home safety plan can be sustained while services continue.

When the results of the case progress indicate that diminished parent/caregiver protective capacities are sufficiently enhanced to manage threats to safety, CPS initiates the process to reunify a child with his or her family.

As a part of this process CPS must:

- conduct a safety assessment and analysis before completing the reunification process, and
- when a child is unsafe, create an in-home safety plan to be implemented when the child is reunified. The in-home safety plan must be managed in accordance with these Standards.

Likewise, case closure can produce ambivalence and workers must confirm that there are no safety threats or that sufficient parent/caregiver protective capacities exist to protect the child from impending danger. Effort must be made to assure that informal or formal supports are in place to provide resources once CPS involvement ends.

Safety Intervention Standards

XI. Case Closure

XI.A.1. Safety at Case Closure

Safety intervention at case closure relates to confirming that there are no safety threats or that sufficient parent/caregiver protective capacities exist to protect the child from impending danger.

The CPS responsibilities in making a determination that a safe home exists include:

- a formal safety assessment to make a judgment concerning the absence or presence of safety threats, and
- reassessing parent/caregiver protective capacities.

The Ongoing Services worker should work with the family to assure informal or formal supports are in place prior to case closure. These supports include arrangements and connections within the family network or community that can be created, facilitated, or reinforced to provide the parent/caregiver resources and assistance once CPS involvement ends.

XI.A.2. Documentation/Supervisory Approval

Case closure information must be documented in the family case record and approved by a supervisor or her/his designee.

APPENDIX A
NEW Partnership for Children and
Families
University of WI – Green Bay



NEW Partnership for Children and Families
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Vision & Mission

The **vision** of the N.E.W. (Northeast Wisconsin) Partnership for Children and Families is to create a comprehensive system of child welfare professional development, in order to achieve positive outcomes in the lives of children and families.

The **mission** of the N.E.W. (Northeast Wisconsin) Partnership for Children and Families is to collaboratively develop and deliver a comprehensive, competency-based training system for public child welfare professionals.

Objectives of the Partnership:

On an annual basis, the NEW Partnership for Children and Families seeks to accomplish the following training related activities:

- A. Provide competency-based training for child welfare staff that is dynamic and responsive to new developments and changes in child welfare research, policy and practice from a national, state and local perspective. We seek to accomplish this by:
 1. Utilizing needs assessment processes to identify training needs for NEW Partnership agencies' directors, managers, supervisors and workers.
 2. Providing training to NEW Partnership child welfare agency staff on foundational and advanced aspects of child welfare practice that addresses the increasing complexity of child welfare practice and diverse needs of local agencies, within the limits of available funding.
 3. Providing training to NEW Partnership child welfare agency licensed foster parents on foundational aspects of child welfare practice, within the limits of available funding.
 4. Responding to training directives identified in federal and state policy and the training needs identified by the county Quality Service Reviews based upon available funding from DCF and with the input and prioritization by NEW Partnership county agencies.
 5. Contributing to statewide capacity and system structures to develop, sustain, and deliver training.
 6. Recruiting and developing quality regional trainers and curriculum writers to meet the changing needs of the NEW Partnership agencies.
 7. Collaborating with the Social Work Professional Program to develop the child welfare education curriculum in concert with the child welfare training curriculum.

- B. Evaluate all training offered in order to assess program goals and analyze the impact of training on child welfare practice in NEW Partnership..

C. Ensure efficient and effective administration of NEW Partnership. We seek to accomplish this by:

1. Continuing to pursue improvements in the human resources management systems of NEW Partnership.
2. Maintaining and enhancing the operations of NEW Partnership through strategic planning.
3. Identifying opportunities for and development and implementation of strategies to enhance and diversify funding for NEW Partnership.
4. Maintaining NEW Partnership's fiscal processes.
5. Maintaining and enhancing the ongoing relationships with the Social Work Professional Program at UW-Green Bay, the University, NEW partners and members, DCF, and all training Partnerships.

D. Support the development of the Intertribal Child Welfare Training Partnership by providing ongoing supervisor, staff and fiscal related support to the Intertribal Child Welfare Training Partnership.

Operation of the Partnership: At present the NEW Partnership staff includes a director, training manager, foster parent training manager, training specialist, full-time trainer, part-time trainer, program manager, program assistant, financial specialist, and student office assistants.

Administrators from all of the participating agencies in NEW Partnership are invited to meet twice annually to advise the Steering Committee on policies, goals, and plans. In addition, a Steering Committee, comprised of eight administrators elected by their county peers, a representative from the Social Work Program, and Regional Office Area Administration, meets on a regular basis with NEW Partnership staff. A Professional Development Advisory Committee, that includes supervisors and lead workers from the county agencies within NEW Partnership, meets with the Training Manager and Foster Parent Training Manager to advise on the content of training, identify training priorities and needs, and provide input on the content of the BSW and MSW child welfare courses.

Fiscal Resources that Support NEW Partnership: The NEW Partnership for Children and Families is supported by a mixture of funding sources,

including Federal Title IV-E funds, state funds provided by the Wisconsin Department of Children and Families (DCF) and UW-Green Bay, county funds provided by each of the 26 county agencies that are part of the NEW Partnership region, and in-kind resources provided by the county agencies, UW-Green Bay, and DCF. Please see Section VI for specific details about the supervisor's role in supporting Title IV-E funding and match.

History: In fall 1991, the University of Wisconsin-Green Bay Social Work Program was awarded a five-year child welfare training grant from the US Children's Bureau, USDHHS. The purposes of this grant were to: (1) develop training programs for currently employed child welfare workers in the four counties (Brown, Outagamie, Shawano and Oconto) and the three Tribes (Menominee, Oneida, and Stockbridge-Munsee) that were the co-sponsors of the project, and (2) develop a sequence in child welfare at the Baccalaureate Social Work level.

During the next several months, additional counties and tribes expressed interest in joining with the original counties and tribes and UW-Green Bay to work together in the development and implementation of training programs. In total, 26 county social service departments and six tribes worked in partnership with UW-Green Bay to form the NEW Partnership for Children and Families. In addition, the then Bureau for Children, Youth and Families (now Division of Safety and Permanence) in the Division of Community Services (now Department of Children and Families) and the UW Cooperative Extension became partners in the effort.

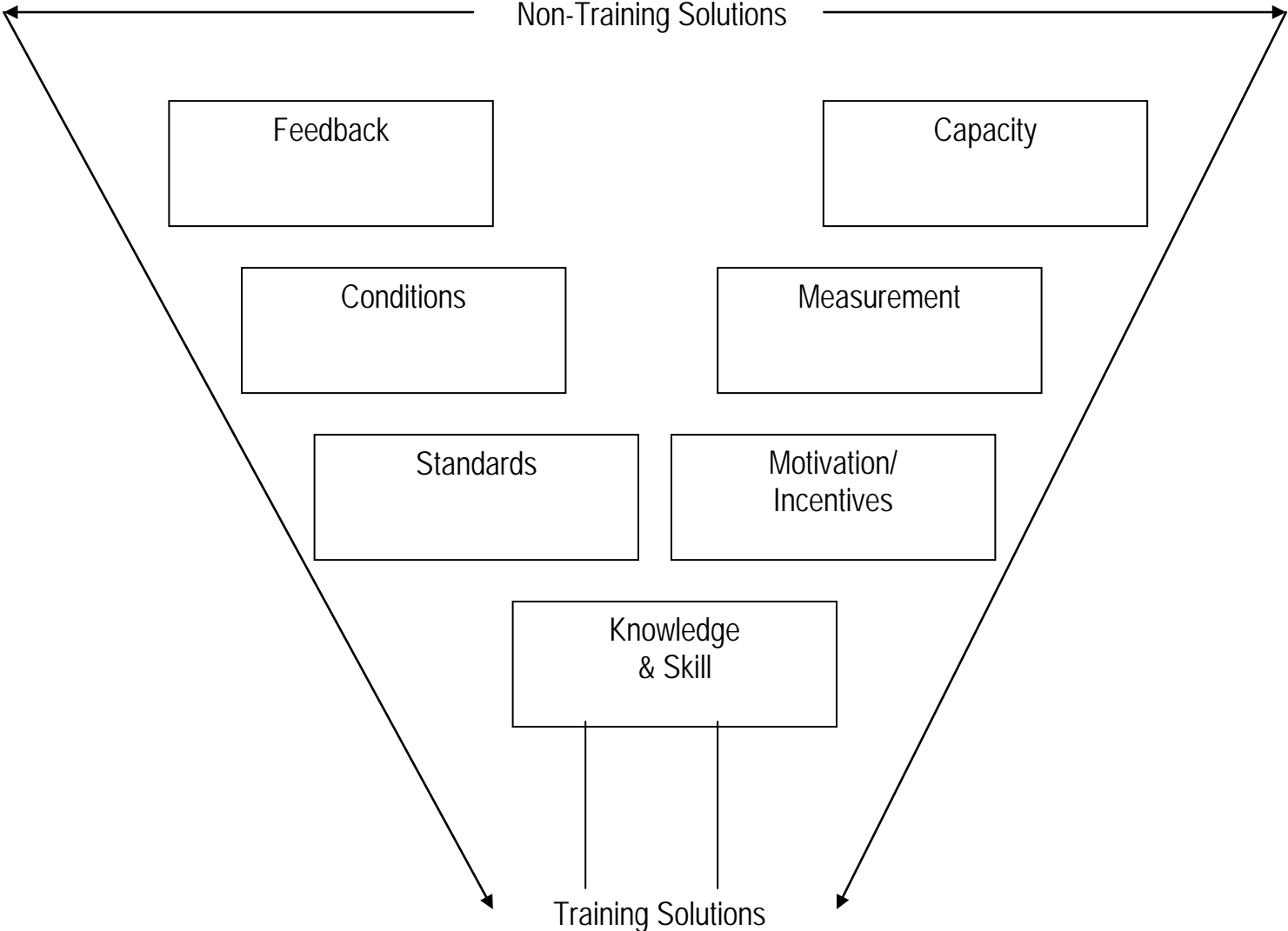
This cooperative effort resulted in the award of a Title IV-E training contract to UW-Green Bay for the purpose of developing and implementing a comprehensive training program for child welfare workers in counties and tribes that were partners in the endeavor. Title IV-E funds also provided stipends to students preparing for careers in child welfare.

DCF supported the expansion of the Regional Training Partnership model and by 2003 all 72 counties and 11 Wisconsin tribes were a part of regional training partnerships. Aside from NEW Partnership at UW-Green Bay, the other training partnerships are: Western Wisconsin Partnership at UW-River Falls, Southern Child Welfare Training Partnership at UW-Madison, Milwaukee Child Welfare Partnership for Professional Development at UW-Milwaukee, and the Intertribal Child Welfare Training Partnership at UW-Green Bay.

The Wisconsin Child Welfare Professional Development Advisory Council is the body that coordinates and integrates the work of the five regional training partnerships with each other and DCF. It is comprised of county representatives from each partnership region, tribal representatives, DCF personnel, each training partnership's Director, and representatives from each of the three Universities that have Title IV-E stipend programs for social work students.

At present, 26 counties in Northeastern Wisconsin form the NEW Partnership for Children and Families. The NEW Partnership continues to receive an annual state Title IV-E Child Welfare Training Contract from DCF. The Social Work Program at UW-Green Bay has a separate state Title IV-E Child Welfare Training Contract with DCF for the purpose of providing stipends to BSW and MSW students who are interested in a career in public child welfare. Despite having separate contracts, the NEW Partnership and the Social Work Program work closely together to prepare (through education) and support (through training) public child welfare staff in northeastern Wisconsin.

Factors of Job Performance



Performance Analysis Checklist

Task: _____

Who is responsible: _____

Standards	Yes	No	Not Sure
1. Do they know what to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do they know when to do it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do their supervisors agree on what and when?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there written standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do they know how they'll be evaluated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conditions	Yes	No	Not Sure
1. Are task procedures clear and workable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the workplace physically organized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is enough time available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are tools and equipment available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are tools and equipment operative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is necessary information available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is information accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are distractions and interruptions minimized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are policies and procedures flexible enough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do they have enough authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Can the job be done by one person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is support available for peak periods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feedback	Yes	No	Not Sure
1. Are they informed about how they're doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is feedback given soon enough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is feedback given often enough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is feedback understandable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is feedback tied to "controllable" performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is feedback specific?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is feedback accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is feedback given by someone who matters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is feedback given in a way they accept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/Incentives	Yes	No	Not Sure
1. Is the task seen to be worthwhile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you believe they can perform the task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there incentive for performing well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do the incentives really matter to them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the incentive contingent upon good performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Motivation/Incentives (con't)	Yes	No	Not Sure
6. Do they know the link between incentive and performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are incentives scheduled to prevent discouragement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all available incentives being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do they find the work interesting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are there inner satisfactions for good performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If incentives are mixed, is the balance positive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is "punishment for good performance" prevented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is "reward for poor performance" prevented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is there peer pressure for good performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Is task unpleasantness or stress within acceptable levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Does poor performance draw attention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measurement	Yes	No	Not Sure
1. Is performance measured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are measurements based on task performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are measurements based on results rather than activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are task purposes measured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are the measurements objective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are the designers of the measurements qualified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge and Skill	Yes	No	Not Sure
1. Did they ever perform the task properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the task performed often enough to ensure retention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do they know the task is expected of them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is training provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the training effective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is enough practice done during training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Could they perform properly immediately after training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are job aids available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are job aids effective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does performance fail to improve with experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the task procedure stable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Could they do it if their lives depended on it (without further training)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity	Yes	No	Not Sure
1. Do they have the mental capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do they have the physical capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do they have the prerequisites for training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Solutions Matrix

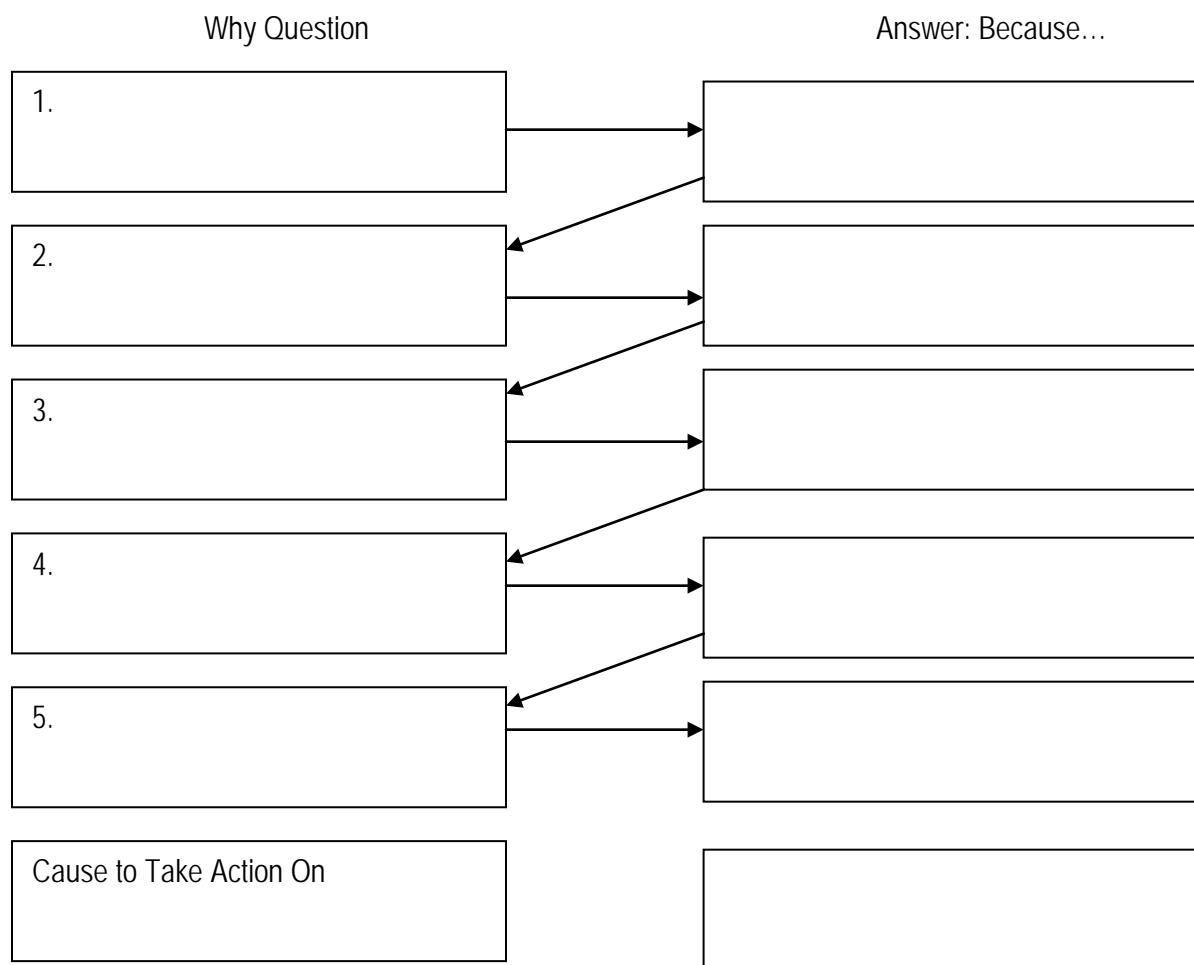
Cause	Possible Solutions	I	G	O
<input type="checkbox"/> Standards	<input type="checkbox"/> Clarify standards			
	<input type="checkbox"/> Communicate standards			
	<input type="checkbox"/> Adopt uniform standards			
	<input type="checkbox"/> Create quality teams			
	<input type="checkbox"/> Create vision and mission statements			
	<input type="checkbox"/> Adopt ISO9000 standards			
	<input type="checkbox"/> Make the organization's standards readily available (e.g. manual, on-line/intranet, bulletin boards, etc.)			
<input type="checkbox"/> Conditions	<input type="checkbox"/> Redesign a job			
	<input type="checkbox"/> Redesign the physical work environment			
	<input type="checkbox"/> Make ergonomic improvements			
	<input type="checkbox"/> Provide or improve tools and equipment			
	<input type="checkbox"/> Allow flexible work schedules			
	<input type="checkbox"/> Change responsibilities			
	<input type="checkbox"/> Install intranet and e-mail systems			
	<input type="checkbox"/> Implement self-directed work teams			
	<input type="checkbox"/> Develop or improve safety programs			
	<input type="checkbox"/> Streamline or change work processes			
	<input type="checkbox"/> Reengineer major cross-functional processes			
	<input type="checkbox"/> Create cross-functional teams			
	<input type="checkbox"/> Centralize or decentralize functions			
	<input type="checkbox"/> Create, enhance, or modify computer applications/systems			
<input type="checkbox"/> Feedback	<input type="checkbox"/> Provide feedback			
	<input type="checkbox"/> Improve the use of feedback			
	<input type="checkbox"/> Hold team meetings to set performance goals			
	<input type="checkbox"/> Schedule regular group meetings to discuss group performance and issues			
	<input type="checkbox"/> Implement formal or informal peer review			
	<input type="checkbox"/> Implement a 360 degree feedback program			
	<input type="checkbox"/> Produce internal newsletter			
	<input type="checkbox"/> Hold annual company performance briefing			
	<input type="checkbox"/> Make business plans available to all employees			
	<input type="checkbox"/> Solicit customer feedback (e.g. surveys)			
	<input type="checkbox"/> Solicit employee feedback			
	<input type="checkbox"/> Implement a formal mentoring program			
<input type="checkbox"/> Motivation/ Incentive	<input type="checkbox"/> Provide/strengthen positive consequences			
	<input type="checkbox"/> Remove/weaken negative consequences			

	<input type="checkbox"/> Remove/weaken positive consequences for poor performance			
	<input type="checkbox"/> Introduce job rotation			
	<input type="checkbox"/> Reorganize or restructure group			
	<input type="checkbox"/> Have groups set milestones to celebrate achievements			
	<input type="checkbox"/> Have groups determine their own rewards structure			
	<input type="checkbox"/> Replace traditional compensation systems (e.g. pay for performance)			
	<input type="checkbox"/> Hold public ceremonies and annual recognition events			
<input type="checkbox"/> Measurement	<input type="checkbox"/> Develop measurements			
	<input type="checkbox"/> Revise existing measurements			
	<input type="checkbox"/> Develop group performance measurements (e.g. scorecards)			
	<input type="checkbox"/> Develop a balanced scorecard			
	<input type="checkbox"/> Give departments or business units profit-and-loss accountability			
<input type="checkbox"/> Knowledge & Skills	<input type="checkbox"/> Provide classroom instruction			
	<input type="checkbox"/> Improve current training			
	<input type="checkbox"/> Provide refresher training			
	<input type="checkbox"/> Provide practice/stimulation			
	<input type="checkbox"/> Provide job aids			
	<input type="checkbox"/> Provide coaching on the job			
	<input type="checkbox"/> Provide electronic performance support systems			
	<input type="checkbox"/> Provide teambuilding training			
	<input type="checkbox"/> Provide diversity training			
	<input type="checkbox"/> Provide cross-job training			
	<input type="checkbox"/> Provide cross-functional training			
	<input type="checkbox"/> Create a learning organization			
	<input type="checkbox"/> Create a knowledge sharing environment			
<input type="checkbox"/> Capacity	<input type="checkbox"/> Dismiss an individual			
	<input type="checkbox"/> Reconfigure (restructure, reorganize) the group			
	<input type="checkbox"/> Dissolve the group			
	<input type="checkbox"/> Sell off a product line, plant or division			
	<input type="checkbox"/> Buy or merge with another division or company			
	<input type="checkbox"/> Develop or improve recruiting and selection methods			
	<input type="checkbox"/> Offer employee support (e.g. employee assistance program, on-site daycare, on-site physical fitness centers)			

Five Whys Worksheet

Performance Gap

Suspected Cause



Identify Needs Worksheet

Description of the Performance

Task	What task is not being performed?
Required Performance	What does required performance look like?
Actual Performance	What does actual performance look like?

Description of the Situation

Who	Who is responsible for performing the task?	Who else is involved in the situation?	Who is affected by the situation?
Where	Where is the performance gap occurring?		
When	When did the performance gap first occur?		
Signs	What are the visible signs of the performance gap?		
Suspicions	What do you suspect may be causing the performance gap?		
Impact	What is the measurable impact of the performance gap?		

The Safety Decision

Introduction

This article is primarily about the safety assessment and safety conclusion but incidentally addresses some things about safety planning.

We admit that some of this article is pretty elementary, and most people in CPS will find familiar content. But we felt the need to do some explaining about safety assessment in order to emphasize some important things and to clarify some questionable decision making. We begin with a simple explanation of what a safety assessment is and do this by examining common structure. We look at the purpose of the safety assessment, which although probably obvious, serves to help us with criteria for how the method should be formed and when departure from its intent occurs. Then we look at exactly what the conclusion of the safety assessment is and discuss variations which can confound decision making. Finally, we revisit the timing of safety assessments.

The Safety Assessment

Here we are referring to safety assessment as the official event that is documented on the agency's safety assessment form. You know that all (as far as we know) safety assessment forms across the country are constructed with a list of safety threats which a worker considers. Here's a universal list of safety threats that we identified from examining all safety assessments. These were common to all safety assessment forms:

- ✚ Violent Caregivers or Others in the Household
- ✚ Caregiver Makes Child Inaccessible
- ✚ Caregiver Lack of Self-Control
- ✚ Caregiver Has Distorted Perception of a Child
- ✚ Caregiver Fails to Supervise/Protect

- ✚ Caregiver Threatened/Caused Serious Physical Harm to a Child
- ✚ Caregiver Will Not/Cannot Explain a Child's Injuries
- ✚ Child Provokes Maltreatment
- ✚ Fearful Child
- ✚ Caregiver Is Unwilling/Unable to Meet Immediate Needs of Child

The worker judges whether information collected during contact with the family indicates that any threats like these exist. Workers check boxes or identify yes or no to indicate the existence or non existence of a particular threat. From our perspective, a worker should indicate a safety threat only under these conditions:

1. The behavior, family condition or situation is out of control—there is nothing internal to the family to control the threat.
2. The behavior, family condition or situation is specific, can be observed, can be described—this is not intuitive or an interpretation.
3. The behavior, family condition or situation could result in severe harm to a vulnerable child.
4. The behavior, family condition or situation as a threat to safety either is active or could become active at any time.
5. Caregivers do not possess or do not actively employ protective capacities sufficient to control the threat—they are not, will not or cannot protect their children.
6. Sufficient information has been collected and analyzed to support the identification of a safety threat; sufficient information provides a basis for bringing into question whether a caregiver can or will protect a child from the threat.

Some safety assessment forms require workers to describe in detail what the safety threat is like, how it is operating within the family. This is a good idea since the threats, like those above, are standardized and, therefore, do not reveal the uniqueness of specifically what is happening in a particular family.

Before reaching a conclusion, some safety assessment forms require workers to draw conclusions about whether other sources can and will protect the children. Usually this involves a judgment about relatives, but, in some instances, the requirement includes consideration of services that can be provided or are provided to the family. Sometimes this judgment is accompanied by justification, sometimes not. This is not a good idea. It represents a breach in the decision-making process. The decision-making process is concerned with reaching a conclusion about a child's safety in his home. The requirement to judge whether people other than the primary caregivers can protect a child is concerned with safety planning and safety management, not safety assessment. We will elaborate on variations to this decision-making problem as the article continues.

The end of the safety assessment form is the conclusion about the status of a child safety within his or her home as related to the presence of threats and the adequacy of caregiver protectiveness.

The Purpose and Objective of the Safety Assessment

The *purpose* of the safety assessment is to determine whether CPS protective intervention is required. The *objective* (which operationalizes the purpose) is to determine whether what is happening in a family meets the definition for "safe" and "unsafe." The objective is to rule in or rule out that a child is unsafe.

A commonly accepted definition for "unsafe" is the presence of threats to child safety and insufficient caregiver protective capacities to control the threats. The definition for "safe" is the absence of threats to child safety or sufficient caregiver protective capacities to control the threats.

These definitions are the flip side of each other, so it really doesn't matter how you describe the objective as long as it has to do with ruling in or ruling out threats to child safety and considering caregiver protectiveness. And, as we stated

above, ruling in or ruling out threats involves a judgment that the family does not possess internal capacity to control the threat.

Everything a worker does as part of safety assessment (such as identifying threats, describing the unique occurrence of threats within a family, evaluating caregiver protective capacity) should result in the decision that a child is safe or a child is not safe within his or her home. Let's re-emphasize that point. All the steps a worker goes through on a safety assessment form should lead to a conclusion about whether a child is safe or not in his or her home. Any requirement that does not directly lead to that decision should not be part of the form or the decision-making process. As the article continues, you will see our attempts to point out that requirements to make judgments about how to keep a child safe are misplaced since you are still in the midst of completing a safety assessment and trying to establish that the child is safe or unsafe (and in effect trying first to establish whether CPS keeping a child safe is even necessary).

The safety assessment conclusion meets the purpose of the safety assessment which is to establish the basis and provide justification for imposing safety management responses in a case.

Safety by Degrees?

Now we need to discuss the concept of child safety within a CPS context. It is possible to find in some assessment instruments, training curricula, policy language and other sources of information the notion that child safety is a matter of degree. For instance, you might have heard or seen reference to minimal safety concerns, moderate safety concerns and serious safety concerns. This suggests that children might be somewhat safe or somewhat unsafe. This is a serious problem for safety assessment and decision making. It is too fuzzy an idea. There really isn't any way one can effectively qualify that a child is partly unsafe or is becoming safer. This is so because safety is a status or position a child is in. It is not a process. Becoming unsafe may be a process as related to dynamics,

behavior or conditions within a family which are worsening and becoming more extreme or severe. But it is at the point that behavior and conditions cross the safety threshold that a child is unsafe.

So, here, we are stating that child safety (as a status) is diametric. A child is either safe or is not safe. There is no degree of safety. As we explained in the April 2007 article, threats occur differently in families. We said present danger was an active display of a threat, and impending danger involved threats that were dormant at the time of initial case contact. However, in both instances of manifestation of threats, the child is not safe. Not to be silly, but because we think it is a good every day comparison, we've said child safety (as related to the CPS context) is like pregnancy. There are no degrees, a woman either is or is not.

The reason that this distinction about the nature of safety is so important is because the safety assessment is employed to draw a conclusion about safety so the agency can decide what must be done. That conclusion has only two options: safe or unsafe. If a child is safe, CPS doesn't have to do anything more about safety intervention. If a child is unsafe, CPS must immediately determine the best and least intrusive way to keep the child safe while CPS intervention continues.

Some people really struggle with this conception of safe and unsafe as wholly opposite and different. We think that is because of the existence of family problems, challenges and difficulties which affect family functioning, contribute to the risk of maltreatment and influence child well-being over time. These things and the potential effects of them exist and can even eventually manifest into safety threats. So, perhaps people who struggle with safe or unsafe in terms we are describing here really are acknowledging a serious area of their concern that affects the quality of a child's life but are allowing themselves to think too liberally about the relationship of these family difficulties to child well-being compared to child safety.

The diametric view of the safe – unsafe concept is crucial to safety assessment and the safety conclusion because it is definitive and precise. It forces us to confine our judgment and to justify it.

The Locus and Focus

When conducting a safety assessment, where do you look and what do you look at? When reaching a safety conclusion, upon who is the conclusion based? The *locus* refers to the place or, we might say, the entity that you are assessing. The *focus* refers to the center of your attention or the center of your assessing.

The *locus* of the safety assessment is the home in which the child resides. So that includes everything and everybody that is part of the home where the child resides.

The *focus* of the safety assessment is the primary caregivers. Primary caregivers reside in the home or have primary, major, significant responsibility for caring for a child. Primary caregivers are responsible for a child's protection. Primary caregivers are parents, step-parents, a parent's companion, grandparents or others related or not related who reside in the home and who have a primary, major, significant responsibility for a child's protection. Primary caregivers are the people who have to change if they are not protective of the child. Primary caregivers are the center of attention throughout the CPS intervention process related to achieving case outcomes and being restored to their independent role and responsibility for child protection.

The *locus* of the safety assessment and the safety conclusion—the home—provides understanding about specific, observable family behavior, conditions, motives, attitudes, intent, emotion and situations that threaten a child's safety. The family's circumstances and functioning are considered, and even the physical setting, atmosphere and structure are included in the locus.

The *focus* of the safety assessment and the safety conclusion—primary caregivers—provides understanding about caregiver behavior and emotion that is a threat to a child’s safety and the emotional, intellectual and behavioral caregiver protective capacities primary caregivers possess.

In some places, safety assessment blends in the extended family as part of the safety assessment and safety conclusion. Sometimes the extended family’s capacity to provide protection is factored into the safety assessment. This is a mistake. The capacity of the extended family to provide protection is a safety response judgment—a part of safety planning as you consider the best and least intrusive measures to assure protection. The extended family is not the client. The extended family does not possess the primary role and primary responsibility for protecting a child (unless legal custody or guardianship has been established, and even then the role and responsibility rests with individuals not the extended family unit.) The extended family does not have to change. The extended family (living separate from the home where the child resides) is not the focus of the safety assessment and safety conclusion and is not part of the decision as to whether a child is safe or not.

Before we move away from the “who and what” of safety assessment, let’s consider a common dilemma some have about the safety judgment. It has to do with children who are placed. Some will argue that a child placed in a foster home should be concluded to be safe. Surely such children are protected from threats in their homes (given a diligent determination of the suitability of the foster home). The problem here is that the conclusion that a child is safe is made based on the location of the child (i.e., in foster care), not the child’s home and caregiver protective capacity. Obviously, what people are thinking is that they’ve made the child safe; presumably, the child remains safe as long as CPS intervention occurs. People appear to be worried about taking an action to protect a child yet having on record that the child is unsafe. This sort of loose application of the safe and unsafe conclusion fundamentally and logically seems to lead to thinking of the foster placement as the final act of CPS rather than a temporary action pending

successful return of the child to a safe home. This way of thinking fails to consider the *locus* of a safety conclusion: the child's home and the *focus* of a safety conclusion: the primary caregivers.

The Safety Conclusion

The safety conclusion is really a yes – no judgment. Is the child safe or not? Since the decision is anchored against the definition for safe and unsafe, you can think of the conclusion as indicated by the following:

Indicate whether a child is safe by checking the conclusion that accurately reflects this assessment.

The child(ren) is/are safe.

There are no safety threats present.

or

There are sufficient caregiver protective capacities to assure that safety threats are controlled.

The child(ren) is/are not safe.

There are safety threats present.

and

Caregiver protective capacities are insufficient to assure that safety threats are controlled.

Some jurisdictions have included in their safety assessment conclusion the option of selecting what it referred to as “conditionally safe.” Conditionally safe, according to these agencies, is explained as a judgment that children who are unsafe with their primary caregivers and in their own home are conditionally safe because of CPS intervention (and in some places because of extended family involvement). Some argue that an agency should never document a child is unsafe if the agency has intervened. This position is akin to what we covered above related to concluding placed children are safe. We suppose that it is sort of a liability issue to some. This idea is a mistake and another breach in decision making.

When thinking about the idea of conditionally safe, keep in mind that we stated that the conclusion is a child is safe or unsafe and that the *locus* of the judgment is the child's home, and the *focus* of the judgment is the primary caregivers. The notion of conditionally safe based on CPS intervention is not related to either the locus or the focus of the safety assessment. It is related to a response to the conclusion that a child is not safe based on the locus and focus of the safety assessment. Conditionally safe—even by admission of most of those who like the idea—is a safety intervention response. It fits with safety planning, not with safety assessment. It should be a conclusion that is reached when a safety plan has been established, and the agency goes on record that a child is conditionally safe and the conditions are based on outlined and justified CPS intervention (which might include professional services or family network responses or both).

Mitigation is a “Dicey” Safety Assessment Idea

Mitigation is a precarious concept to apply in safety assessment. Mitigation can be really hard to establish and justify. Additionally, the implementation of this idea can slip off into contributing to using this as an *easy-out* option compared to more rigorous safety management. Safety assessment forms in some places include an analysis where a worker draws a conclusion that something in the case mitigates the safety threats. What is mitigation? Well let's get simple here and go straight to the dictionary:

Mitigate – to make or become milder; less severe, less rigorous or less painful; moderate; to operate or work against.

Immediately, we see that according to a strict definition of this term or concept that it is inconsistent with the purpose of safety assessment and management. Keeping in mind that safety is not something that exists by degree (i.e., a child is safe or is unsafe), the purpose of safety management is to control threats to safety totally. So when someone is talking about mitigating a safety

threat—using a strict definition of mitigate—it would mean lessening the threat. Lessening the threat or making it milder is actually not possible given the diametric nature of safe and unsafe. But let's move away from the concept and consider in more practical terms why mitigation is a problem in safety assessment.

Usually, safety assessment forms that include a provision for judging mitigation allow for that judgment to occur prior to the final conclusion about whether a child is safe or not. The process goes like this: safety threats are considered and indicated to exist; then safety threats usually are described in more detail; then an identification of something or someone in the family or connected to the family is evaluated regarding whether the thing or person or situation mitigates the safety threats. The judgment that concludes threats can be mitigated usually requires justification. Then the safety assessment proceeds to the safety conclusion which results in a judgment that the child is safe due to mitigating factors.

Remember that the purpose of the safety assessment is to determine whether CPS safety intervention (safety management) is required and that the objective of safety assessment is to conclude whether a child is safe or unsafe in his home (locus) based on caregiver protectiveness (focus). Now then, the mitigation judgment is about some kind of response (based on a person or situation) that presumably assures the child will be safe. Like the idea of conditionally safe, the question of whether people, situations or factors within a case can mitigate (liberally speaking control) a threat to a child's safety is a safety planning concern—not a safety assessment issue. Requiring that a judgment about controlling a threat occurs before the safety assessment even concludes the child is not safe is an obvious breach in decision making and a flaw in design.

The mitigation judgment also can misrepresent the conclusion about safe or unsafe. In many instances, we have observed the indication of safety threats followed by identification of mitigating factors which assure the child is safe and,

in fact, the analysis indicates that the threats should not have been identified in the first place because the child was always safe. The mitigating factors were really routinely at play prior to the safety assessment and were controlling any safety threats that might be apparent. Now let's think about this for a minute. We have said in articles about safety threats (see April 2007, January 2006 and March 2003) that, among other things, a family condition can be considered a threat to a child's safety when the family condition is out of control. We have qualified that to mean that internal controls within the family do not exist to keep the out-of-control family condition in check. You can see how this mistake about concluding a child is unsafe comes about. If there are internal controls that manage family behavior and situations, then no threats exist or at least we can say that threats are being managed and the child is safe. Internal controls are working. So, sometimes when folks say that a safety threat has been or can be mitigated by some family factor, they really should be concluding that the child is safe—that no threat actually exists or that threats are managed internally by the family. The child is safe.

The Timing of Safety Assessment

We are going to conclude this article about safety assessment by mentioning the timing of safety assessment. One thing we want to confront is the admonishment for workers to assess safety every time they encounter a family. We are in favor of workers being on guard and alert for safety issues. However, we are concerned about an unstructured and non specific expectation that workers evaluate safety every time they show up at the family home. A general charge to assess safety at every contact is not very helpful in guiding staff and, therefore, ends up being pretty much meaningless. Safety assessment should occur with purpose; it should occur at certain intervals; and it should be conducted in relation to the case status (point a case is in the process); and according to case/family situations.

Safety assessment begins when a referral is received. The intake – screening worker and supervisor evaluate the content of the referral and decide whether the report contains information indicating present danger and impending danger. The purpose of the intake – screening safety assessment is to determine how quickly CPS should respond to the report and what might be required for the response.

Safety assessment continues when you initiate the first contact with the family. The safety issue at the first encounter is whether present danger exists. This is a field judgment based strictly on what is observed as being in process the day of the initial contact. This immediate and spontaneous safety assessment contributes to immediate action to be taken to assure a child's safety while the initial assessment – investigation proceeds in order to determine what is going on in the family generally (as compared to that first encounter).

Safety assessment occurs during or at the end of the initial assessment – investigation. This safety assessment depends on having collected sufficient information about the family to make a determination of the existence of impending danger. This safety assessment represents the most formal and official safety assessment and achieves the purpose (determining the need and requirement for continuing safety intervention) and the objective (determining that a child is safe or unsafe). This is the safety assessment that is documented on the safety assessment form and serves as the benchmark for all continuing safety and case planning decision making.

Safety assessment continues during ongoing CPS in association with case plans, service participation and case management. Now you are not assessing safety in the same fashion to determine if safety threats and insufficient caregiver protective capacities exist. That process has already occurred and is documented on the safety assessment at the conclusion of the initial assessment – investigation. There is no reason to continue to use the safety assessment form unless family situations change so that a re-examination of family conditions and

situations is necessary to revise the safety assessment. Safety assessment during ongoing CPS that occurs as a part of routine contact with a family and other involved parties is concerned with consideration of caregiver participation in the remedial process and adjustments or modifications that are occurring within the home and with the primary caregivers related to managing safety plans. When safety threats have been identified during initial assessment – investigation and children are concluded to be unsafe, a safety plan is established. The safety plan endures until safety threats are gone or caregiver protective capacities are sufficient to assure protection. So, since a safety plan is or should always be in place during ongoing CPS if a child is unsafe, there is no need to continue assessing the safety threats (in the same sense as was done early on in the case). The safety threats are controlled during ongoing CPS. So, then, safety assessment during ongoing CPS shifts to consider what kind of progress is being made to enhance caregiver protective capacity, how caregivers are participating and involving themselves in change, and what conditions are beginning to change within the home.

Safety assessment continues with documented judgments at the case evaluation event (perhaps every 90 days but no less than every 6 months). The case evaluation event is the point in time where you go on record about what we just described (i.e., caregiver progress and change, changes in conditions in the home, effectiveness of the safety plan). It is at this time too that you indicate any significant changes in the family that must be re-factored into the official safety assessment conclusion, such as changes in threats or changes in caregiver protective capacities. For instance, say the safety threat involved a person who all of a sudden is no longer part of the family situation. It could be possible that the person's absence makes an important difference in the safety assessment and safety conclusion. At case evaluation, the record should reflect that adjustment in the safety assessment.

Safety assessment concludes at case closure. The case closure decision, at a minimum, must include reconciliation against the safety definition. So the safety

assessment at case closure is judging the presence of threats and the sufficiency of caregiver protective capacities. The same safety assessment form used during initial assessment – investigation serves the requirement for safety assessment at case closure.

CHILD PROTECTIVE SERVICES SAFETY INTERVENTION STANDARDS

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SAFETY INTERVENTION STANDARDS

Introduction

A thorough understanding of child safety decisions and actions is essential and relevant for both initial assessment/investigation and ongoing Child Protective Services (CPS). Safety assessment, safety analysis, safety planning, and the management of child safety occur in every aspect of CPS involvement with a family. CPS has the following fundamental safety intervention responsibilities:

CPS Access:

- Gathering information related to present and impending danger threats to child safety; and
- Making screening, urgency, and response time decisions based on threats to child safety.

CPS Initial Assessment/Investigation:

- Collecting thorough safety related information with respect to individual and family member functioning;
- Analyzing the information in order to determine whether a child is safe or unsafe;
- Developing safety plans that are effective in assuring child safety and are the least intrusive to the family; and
- Overseeing and managing child safety.

CPS Ongoing:

- Evaluating the existing safety plan developed during initial assessment/investigation;
- Managing and assuring child safety through continuous assessment, oversight, and adjustment of safety plans that are effective in assuring child safety and are the least intrusive to the family;
- Engaging families in a case planning process that will identify services to address threats to child safety by enhancing parent/caregiver protective capacities; and
- Measuring progress related to enhancing parent/caregiver protective capacities and eliminating safety related issues.

A collaborative relationship between CPS and parents/caregivers that is based on practice principles of respect, honesty, equity, and self determination is critical for effective safety assessment, planning, and management. The parents or caregivers are viewed as the primary authorities in the family and are most accountable for safety and security within the family unit. CPS seeks to have a partnership with parents/caregivers, in so far as reasonable and possible, for the purpose of enhancing parent/caregiver protective capacity to enable parents and caregivers to provide a safe home for their children independent of CPS.* In addition to the relationship between CPS and parents/caregivers,

it is important to seek out involvement from extended family, community supports, friends, etc. who can help parents/caregivers and CPS manage child safety.

* NOTE: Refer to the Glossary for the definition of safe home.

I. Safety Intervention

I.A. Definition and Principles of Practice

Safety intervention refers to all the decisions and actions required throughout CPS involvement with the family to assure that an unsafe child is protected. Safety intervention respects the constitutional rights of each family member and utilizes the least intrusive intervention to keep a child safe.

Safety intervention consists of:

- Collecting information about the family to assess child safety;
- Identifying and understanding present and impending danger threats;
- Evaluating parent/caregiver protective capacities;
- Determining if a child is safe or unsafe, and
- Taking necessary action to protect an unsafe child.

If a child is unsafe, the following apply:

- Engaging parents/caregivers in the development and implementation of a safety plan;
- Continuously managing safety plans that assure child safety;
- Creating and implementing case plans that enhance parent/caregiver protective capacities and decrease impending danger threats;
- Supporting and empowering a parent/caregiver in taking responsibility for the child's protection, and
- Establishing a safe, permanent home for an unsafe child.

When a child is unsafe, CPS must collaborate with the family to develop and implement a protective or safety plan.

Parents/caregivers are an important resource in developing protective or safety plans. This does not mean that parents/caregivers are responsible for or have to agree with the need for a safety plan to control present or impending threats to safety but they do have to be willing to be involved and cooperate with the use of a protective or safety plan. Once it has been determined that a child is unsafe, CPS should take action as necessary to control threats to child safety. While parents/caregivers must be kept fully informed of safety decisions and involved in safety planning, CPS has the responsibility to control threats to child safety. The level of CPS involvement and/or intrusion with a family with respect to controlling and managing child safety depends on how threats to safety are operating in a family and the willingness and capacity of parents/caregivers to follow through with the requirements of a safety plan.

I.B. Court Intervention

If the family is unable or unwilling to control present danger and/or impending danger threats to safety through the use of an in-home safety plan, CPS must consult with the district attorney/corporation counsel to assure that necessary services (in-home or out-of-home) are ordered by the court and implemented or take other reasonable action (e.g. Temporary Physical Custody) to immediately assure child safety.

I.C. ICWA Requirements

In all aspects of safety intervention, an Indian child's family and tribe must be informed and the Indian Child Welfare Act (ICWA) must be followed. [25 USC 1901 to 1923]

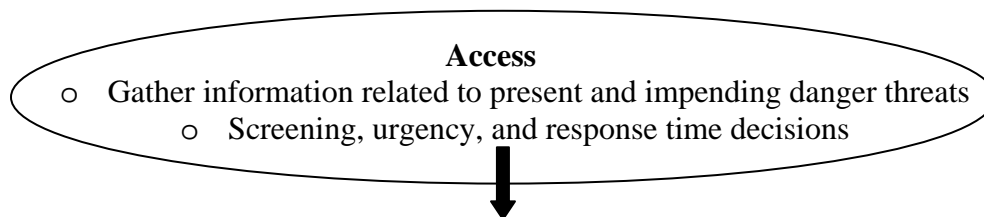
If a petition is filed on behalf of an Indian child, as defined in the Indian Child Welfare Act, CPS must notify the tribe, tribes or Bureau of Indian Affairs as required in ICWA and in accordance with the policy "Identification of Indian Children and Proper Notification in Cases Subject to the Indian Child Welfare Act." [DCFS Memo Series 2006-01]

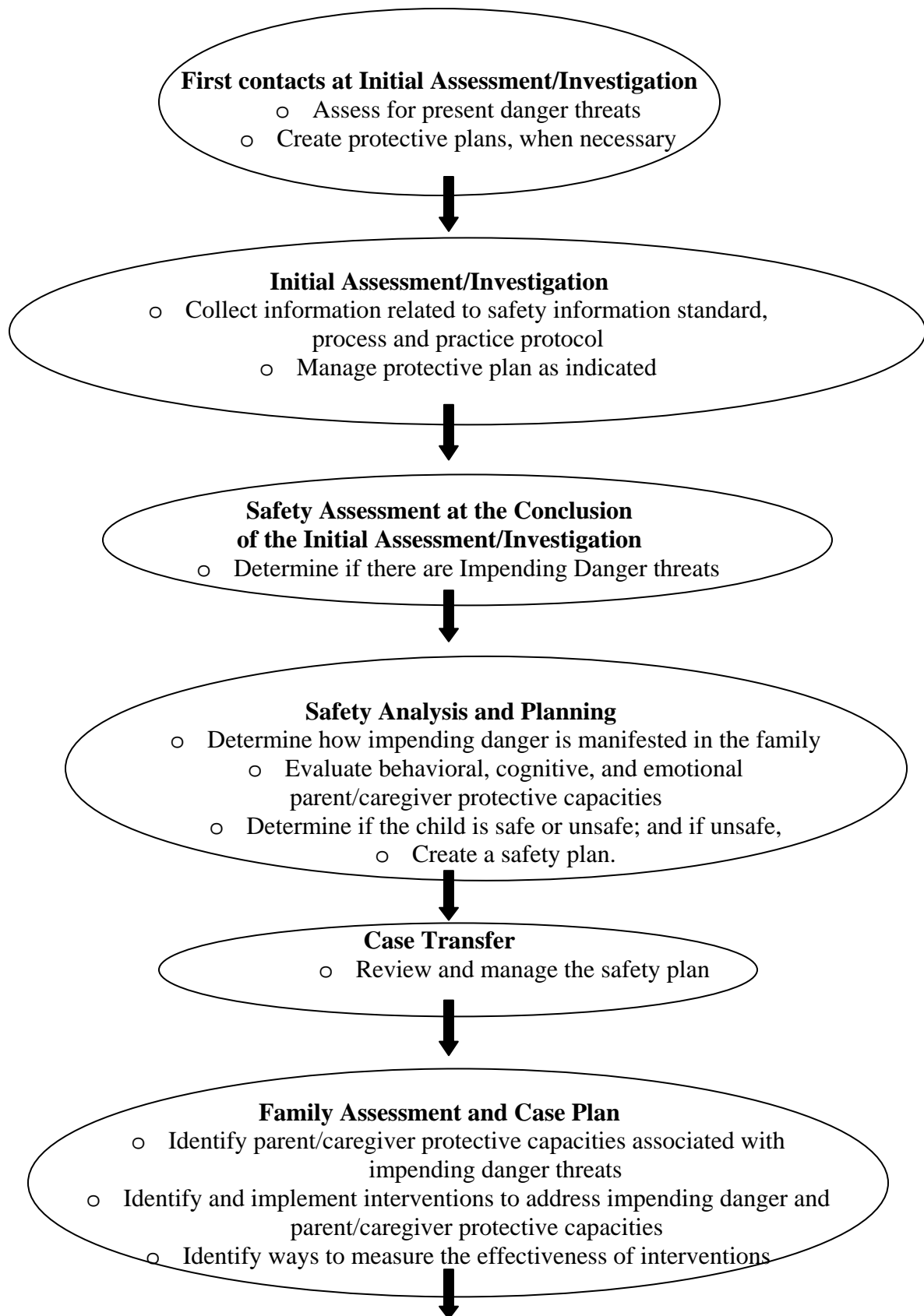
When an Indian child is placed in out-of-home care all ICWA requirements regarding placement preferences must be followed. All actions taken to comply with ICWA must be documented in the case record.

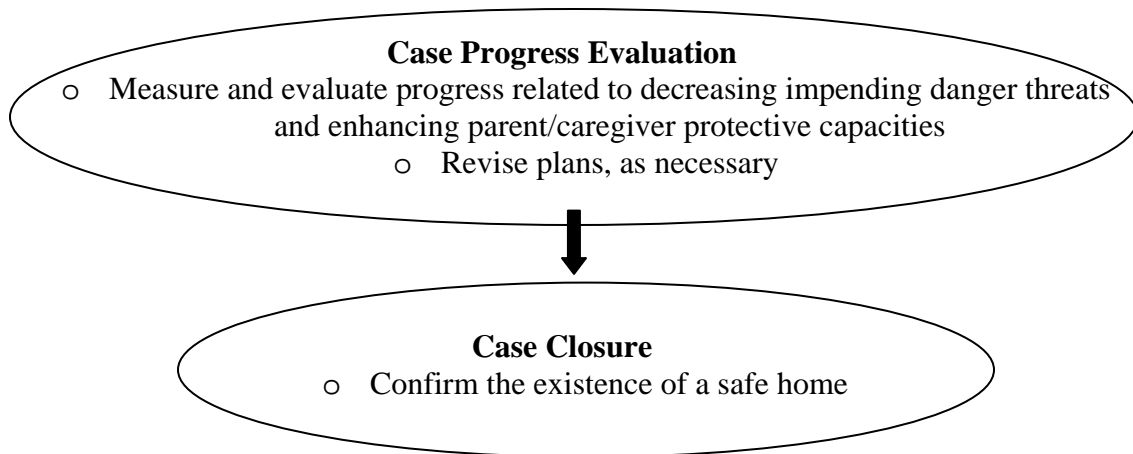
Additionally, the ICWA requires notification to the appropriate tribe when an Indian child is removed from his or her parent or Indian Custodian for temporary placement in a foster home or institution or the home of a guardian or conservator where the parent or Indian Custodian cannot have the child returned upon demand.

CPS Case Flow and Safety Intervention

There are key decision-making points in the CPS case process as it relates to child safety. However, these critical points in safety intervention are not mutually exclusive and can occur throughout CPS involvement. When there is a new report of maltreatment or safety threats emerge in Ongoing Services, CPS assesses threats to safety and, when appropriate, develops and implements a safety plan to control identified threats. The following chart shows the relationship between safety assessment, safety analysis, and safety planning throughout the CPS case process.







II. Assessing and Controlling Present Danger Threats at the Initial Contact with Families

At the onset of the Initial Assessment/Investigation or at any point of CPS involvement with families when there is a reported crisis or a new referral, CPS will begin a safety assessment by focusing on whether there are present danger threats to a vulnerable child's safety. (See *Safety Appendix 1: Present Danger Threats to Child Safety and Safety Appendix 2: The Vulnerable Child*)

Present danger threats are the primary basis for assessing child safety at the onset of the Initial Assessment/Investigation. While it is possible to begin gathering information at first contact with families that may reveal indications of impending danger (e.g. prior involvement at either initial assessment/investigation or ongoing services provision), typically impending danger can only be identified through the collection of information about the family/ family member functioning. (See *Safety Appendix 6: The Safety Threshold and Impending Danger Threats to Child Safety*)

II.A. Assessing for Present Danger Threats

CPS must assess and evaluate the family and home situation to determine whether a child is in present danger at the following points in the case process:

- information gathering and screening at Access
- determining the response time at Access
- making the initial face-to-face contact with the child(ren)
- making the initial face-to-face contact with the parents/caregivers

A protective plan is an immediate, short term strategy in response to the identification of present danger threats. The protective plan provides a child with adult supervision and care to control present danger threats and to allow for the collection of information that can be used to determine impending danger and parent/caregiver protective capacities. A protective plan may be a voluntary arrangement made between a family and an agency

(in the home or outside the home), or it may be a plan put in place via a temporary physical custody (TPC) request to the court.

II.B. Creating a Protective Plan

With the identification of present danger threats, CPS must establish a protective plan. (See: *Safety Appendix 3: Establishing and Implementing the Protective Plan*) A protective plan must include immediate action(s) to control present danger threats while more information about the family is being gathered through the course of the initial assessment/investigation.

When creating a protective plan CPS must:

- inform the parents/ caregivers why the child is determined to be unsafe (present danger threats),
- identify with the parents/caregivers what protective plan options are available and acceptable,
- inform the parents/caregivers of the role of CPS to assure the child is protected,
- attempt to use resources within the family network to develop the protective plan,
- confirm that there is agreement by all participants,
- put the plan into place before CPS leaves the family/situation, and
- consult with a supervisor or her/his designee regarding the protective plan by the next working day.

In cases where resources within the family network are not available, accessible, or appropriate, CPS must use formal resources to develop the protective plan. It is typical in these situations to have a combination of informal and formal resources that are put in place for the protective plan.

A protective plan involving emergency removal must be used when present danger threats exists and family network or formal resources are not available or accessible or parents/caregivers are unable/unwilling to permit CPS to implement a protective plan.

II.C. Documentation

A protective plan must contain specific information regarding how present danger threats will be controlled.

Details of a protective plan must include a description of:

- the identified present danger threats that result in an unsafe child,
- how the protective plan is intended to control identified threats to each child's safety including:
 1. the name(s) of the responsible/protective adult(s) related to each protective action, and an explanation of the person(s) relationship to the family,

2. the actions/services to assure child safety including frequency and duration,
3. the child's location, alleged maltreater, and parent/caregiver access, and
4. how CPS will oversee/manage the protective plan, including communication with the family and providers.

A copy of the protective plan must be provided to the family and, if appropriate the out-of-home care provider. When children are placed through a temporary physical custody request (TPC), this document and supporting case information serve as the protective plan.

III. Safety in Out-of-Home Placement

III.A. Evaluating Safety in Unlicensed and Licensed Homes When Placing a Child in Out-of-Home Care as Part of a Protective Plan

Whenever CPS implements an out-of-home protective plan either in a licensed or unlicensed home to control present danger threats, CPS must assess and evaluate the safety of the placement setting as outlined below:

- Prior to implementing the out-of-home protective plan, CPS must assess and evaluate the safety of the placement through direct contact with the substitute caregiver. This also includes a discussion of the expectations and their role in the protective plan as well as any issues related to the care of the child.
- Prior to a child's placement with an unlicensed caregiver (e.g. relatives, friends, neighbors), CPS must request a check of law enforcement records on all individuals residing in the identified placement home. If a home visit is not conducted at the time of the time of placement in an unlicensed home, CPS must document in the family case record how child safety was ensured in the placement setting.
- When a home visit is not conducted at the time of placement in an unlicensed home, CPS must, within 24 hours of placement, conduct a home visit to assess safety and the home conditions, and to assist the caregiver in setting up whatever provisions are needed for the care of the child.
- When a child is placed in an unlicensed home, a CPS records check must be completed within 24 hours of placement.
- Within five (5) working days of placement in a licensed home, CPS must conduct a home visit to reassess the home conditions and assist the caregiver in setting up whatever provisions are needed for the care of the child.

(See: Safety Appendix 4: Present Danger Threats in Placement Homes)

III.B. Documentation

Information related to *III. Safety in Out-of-Home Placement* must be documented in the family case record.

IV. Safety Management during Initial Assessment/Investigation

IV.A. Overseeing the Protective Plan and Monitoring Safety

The protective plan remains in effect during the period of initial assessment/investigation or until information is gathered to either eliminate the need for a protective plan or create a safety plan based on impending danger threats. For the duration of the protective plan, CPS must review the adequacy of the protective plan weekly and modify, when necessary.

V. Safety Information and Safety Assessment, Analysis, and Plan

V.A. Gathering Safety Related Information during the Initial Assessment/Investigation

In accordance with the CPS Investigation Standards, when the alleged maltreatment is by a primary caregiver, CPS must conduct interviews and gather the following information to assess impending danger and develop safety plans:

1. The extent of maltreatment
2. The circumstances surrounding the maltreatment
3. Child functioning
4. Adult functioning
5. Parenting and disciplinary practices

(See: *Safety Appendix 5: Information Needed to Support Safety Decisions and Safety Appendix 6: The Safety Threshold and Impending Danger Threats to Child Safety*)

The CPS Investigation Standards also require an assessment of family functioning. This information is related to risk concerns and not threats to child safety.

V.B. Safety Assessment and Safety Analysis

CPS must complete a safety assessment at the conclusion of the initial assessment/investigation of alleged maltreatment by a primary caregiver. The basis for assessing child safety at the conclusion of the initial assessment/investigation is the identification of impending danger threats. If impending danger threats are identified, then a child may be unsafe. (See *Safety Appendix 6: The Safety Threshold and Impending Danger Threats to Child Safety*)

If a safety assessment indicates that a child may be unsafe, a safety analysis must be completed to determine if a child is safe or unsafe by:

- identifying how impending danger threats are occurring in this family, and
- assessing the parent's/caregiver's ability and capacity to provide protection.

The same day a child has been judged to be unsafe (i.e. presence of impending danger and insufficient parent/caregiver protective capacities) CPS must develop and put into place a safety plan.

Initial assessment/investigation information related to adult functioning and parenting should reveal if there are parent/caregiver protective capacities sufficient to manage impending danger. Additional information may be necessary to further identify parent/caregiver protective capacities that will assure child safety.

In most cases, the same day a child is judged to be unsafe a plan to control for child safety must be developed and put in place. There may be extenuating circumstances that are documented in the family case record that allow for the safety plan to be created and implemented within a few days. For instance, a child may not be exposed or be immediately accessible to the parent/caregiver that poses an impending danger or a child is presently safe due to the existence of a protective plan that has been in effect since the beginning of the initial assessment/investigation. That protective plan remains in place until such time as the safety plan is fully established.

If the safety assessment indicates that a child may be unsafe, a safety analysis is completed to further examine specifically how impending danger identified in the safety assessment is occurring in a family and evaluate the capacity of the parent/caregiver or family members to assure child safety. A child is unsafe when the safety analysis concludes that parent/ caregiver protective capacities are insufficient to manage or mitigate impending danger and assure protection. (See *Safety Appendix 7: Parent/Caregiver Protective Capacities*)

If a child is unsafe, a determination needs to be made regarding the level of intervention required to control and manage impending danger threats, including the need for an in-home safety plan, an out-of-home safety plan, or a safety plan that combines in-home and out-of-home options.

V.C.1. Safety Plan

A safety plan is only required when a child is concluded to be unsafe. A safety plan is a written arrangement between parents/caregivers and CPS that establishes how impending danger threats will be managed. The safety plan is implemented and active as long as impending danger threats exist and parent/caregiver protective capacities are insufficient to assure a child is protected. The safety plan must describe in detail:

- the specific impending danger threats,
- the safety services that will be used to manage impending danger threats,
- the names of formal and informal providers that will provide safety services,
- the roles and responsibilities of the safety services providers including a description of the availability, accessibility and suitability of those involved,
- the action/services including frequency and duration, and
- how CPS will manage/oversee the safety plan, including communication with the family and providers.

(See *Safety Appendix 8: Safety Plan Information* and *Safety Appendix 9: Safety Services Information*)

CPS should consider the least intrusive means possible to control impending danger and involve parent/caregivers in a discussion about the results of the safety analysis and the need for a safety plan. CPS should inform parents/caregivers about their rights related to accepting/cooperating with the safety plan as well as any alternatives or consequences.

In order to develop a safety plan that uses the least intrusive means possible, CPS should:

- work to engage parent/caregiver in understanding and accepting the need for a safety plan,
- enlist the parent/caregiver in a process of identifying and fully considering available safety management services/options.

Careful consideration is first given to the use of in-home safety management options followed by combinations of in-home and out-of-home safety management options, before concluding that out-of-home safety management is the only acceptable means to manage impending danger and assure child protection.

V.C.2. Developing a Safety Plan

When developing a safety plan, CPS must first use the in-home safety management criteria in *Safety Appendix 10: In-home Safety Management Criteria* to determine if an in-home safety plan can be implemented and is sufficient to control impending danger threats to assure child safety. CPS must also confirm that parents/caregivers are willing to cooperate with an in-home safety plan and agree with the expectations, designated tasks, and time commitments set forth in the safety plan.

When an in-home safety plan cannot assure that impending danger threats will be managed, CPS must develop an out-of-home safety plan using the criteria in *Safety Appendix 11: Out-of-Home Safety Management Criteria*. CPS must inform the substitute caregivers of the expectations and their role in the safety plan as well as discuss any issues related to the care of the child.

An out-of-home safety plan must clearly outline what is needed (e.g. conditions, expectations, safety services) for the child to return home with an in-home safety plan.

Prior to an unsafe child's placement in a relative or foster home, CPS must formally assess the safety of the placement setting.

V.C.3 Documentation/Supervisory Approval

The safety assessment, analysis and plan must be approved by a supervisor or her/his designee and documented in the family case record.

VI. Initiation of CPS Ongoing Services

VI.A. Reviewing the Safety Plan at the Initiation of Ongoing Services

The review of the safety plan by the newly assigned worker must include:

- a transition meeting between the initial assessment/investigation worker and the newly assigned worker to discuss the specific expectations for CPS oversight of the safety plan,
- meeting face-to-face with parents/caregivers and children within seven (7) working days from the initiation of ongoing services to review their understanding of the safety plan and their roles and responsibilities,
- communicating with safety plan participants/providers, either in person or by telephone, to confirm their continued commitment to and involvement in the safety plan as well as their understanding of their roles and responsibilities, and
- modifying the safety plan as necessary and assuring that all parties involved in the safety plan are informed and remain committed.

Note: There are other times in the case process when a case is transferred from one worker to another or from one county to another. In these circumstances, CPS workers must also have a transition meeting to discuss the specific expectations for CPS oversight of the safety plan.

Attention to child safety is critical during the transition to ongoing services. Key factors associated with safety management oversight include:

1. Contact with the Parents/Caregivers and Children.

The need for contact is qualified by what is happening in a case at the time of case transfer. Based on information from the safety assessment and analysis, some case circumstances may support the need for immediate contact. These may include, but are not limited to:

- changes in circumstances that may impact child safety,
- the complexity or volatility of safety threats,
- the type of safety plan (in-home or out-of-home) and the need to respond differently to each,

- child vulnerability including susceptibility and accessibility to the safety threat(s),
- the level of effort/frequency of activities in the safety plan and reliability of those involved in the safety plan, and
- the confidence related to parent/caregiver participation and commitment to child safety.

2. Evaluation of the Safety plan

CPS staff needs to be proficient in safety management to assure that safety threats are controlled and managed at the needed frequency, duration, and service level. Furthermore, evaluation requires confirming that the safety actions taken by CPS and others match impending danger threats and compensate for the identified diminished parent/caregiver protective capacities.

3. Immediate Adjustment of the Safety plan

Safety planning needs to be understood as dynamic. CPS must act promptly and thoroughly when a safety plan is judged to be insufficient and in need of modification.

VII. Safety Intervention in CPS Ongoing Services Family Assessment and Case Planning Process

The process of assessing parent/caregiver protective capacities meets the requirements set forth in the Adoption and Safe Families Act concerned with integrating safety concerns in case plans and achieving safe homes. Understanding and using the concept of parent/caregiver protective capacities is the basis to address diminished protective capacities and safety threats in case plans.

VII.A. Family Assessment

Conducting the Assessment of Protective Capacities

To assess and identify parent/caregiver protective capacities when a child is unsafe, CPS should:

- review the results of the initial assessment/investigation, safety analysis and plan, and other relevant records,
- verify that the safety plan continues to control safety threats,
- make attempts to engage the family in a collaborative partnership in identifying any parent/caregiver protective capacities that must change to assure child safety,
- evaluate the parent's/caregiver's readiness to change, and
- gather information from the family's informal and formal support system to better understand safety threats, parent/caregiver protective capacities, unmet family needs, and prospective solutions and resources.

(See Safety Appendix 6: The Safety Threshold and Impending Danger Threats to Child Safety and Safety Appendix 7 Parent/Caregiver Protective Capacities)

VII.A. Decisions and Conclusions at Family Assessment

To address child safety, CPS must make decisions and conclusions about the following:

- What parent/caregiver protective capacities are diminished and, therefore, result in impending danger to the child?
- What is the impact of adult functioning on parenting practices?
- What is the impending danger to the child based on how safety threats are manifested in the family?
- Are safety threats being adequately managed and controlled?

Involving Parents/Caregivers in Designing a Case Plan

CPS should discuss with parents/caregivers:

- the circumstances and family conditions involving impending danger,
- the rationale and necessity for safety and case plan services,
- the implications for parent/caregiver participation and commitment to case plans,
- the potential outcomes of successful or unsuccessful case plans, and
- specifically what conditions of the home or parent/caregiver behaviors need to change.

VII.B. Case Plan

VII.B. Case Plan Content

Consistent with the “Ongoing Services Standards and Guidelines for Child Protective Services”, when the family has an out-of-home or in-home safety plan, the first priority for case planning must be reducing the threats to child safety and enhancing the protective capacities of the parents/caregivers so that the family can assure child safety without CPS intervention.

The case plan must include:

1. Identified goals, developed with the family, which are specific, behavioral and measurable with a focus on enhancing parent/caregiver protective capacities in order to establish child safety and a safe home.
2. Identified services and specified roles and responsibilities of providers, family members, and the ongoing service worker to assist the family in achieving the identified goals.

Consideration of the following questions can aid in developing case plans that are successful and focus on changing conditions that make the child(ren) unsafe:

- How can existing enhanced parent/caregiver protective capacities be used to help facilitate change?
- What change strategy (case plan) will most likely enhance protective capacities and decrease impending danger?
- How ready, willing, and able are parents/caregivers to address impending danger and diminished protective capacities, and are there any case management implications?

VII.C. Family Assessment and Case Plan Documentation/Supervisory Approval

Consistent with the “Ongoing Services Standards and Guidelines for Child Protective Services”, the family assessment and case plan, which includes safety intervention information, must have supervisory approval (or her/his designee) and be documented in the family case record within sixty (60) days from the initiation of Ongoing Services.

VIII. Managing Safety during Ongoing Services

Continually evaluating the effectiveness of what has been planned to control safety threats (safety plans) or enhance parent/caregiver protective capacities (case plans) is a critical CPS responsibility in safety and case management. Because family dynamics/situations can change, it is necessary to monitor safety on a continuing basis.

Case management, as applied to safety intervention, refers to

- attempting to engage parents/caregivers in a process for change,
- identifying parents/caregiver protective capacities,
- integrating parent/caregiver protective capacities into case plans,
- arranging and implementing services focused on enhancing parent/caregiver protective capacities,
- communicating routinely with parents/caregivers and service providers,
- identifying and removing barriers and conflict that can jeopardize the successful implementation of the safety plan,
- evaluating parent/caregiver progress, and
- closing the case when a safe home has been achieved.

VIII.A. Monitoring the Safety Plan

In-Home Safety Plan

The CPS Ongoing Services worker must continuously conduct a review and evaluation of the adequacy of an in-home safety plan.

This includes:

- twice a month face-to face contact, at a minimum, with parents/caregivers and child unless a need for more immediate contact is indicated by the information obtained about the family by a safety service provider, and
- once a month contact, at a minimum, with service providers involved in the safety plan.

Out-of-Home Safety Plan

The CPS Ongoing Services worker must continuously conduct a review and evaluation of the adequacy of an out-of-home safety plan. This includes:

- monthly, at a minimum, face-to-face contact with the out-of-home caregiver and child, and
- monthly, at a minimum, face-to-face contact with parents.

Note: CPS must also complete a formal re-assessment of the safety of the placement every six months. This must include confirmation of the continuing suitability of the providers, the absence of safety threats, the presence of indicators that the environment is safe, and the child's adjustment to the placement.

In families where there is an in-home safety plan, information gathered from the parents/caregivers, child, and service providers is used to evaluate and confirm child safety by:

- assuring that the services put in place continue to adequately control identified safety threats,
- assuring that the commitments by the family and providers remain in tact,
- determining whether previously identified safety threats have been eliminated or if the severity has been reduced or increased,
- determining if new safety threats have emerged, and
- modifying the safety (related to impending danger threats) or case plan (related to protective capacities), when appropriate.

In families where there is an out-of-home safety plan, information gathered from the parents/caregivers, child and out-of-home care provider is used to:

- assess if safety threats in the parental home are in effect,
- determine if conditions have changed/can be controlled with the provision of services to allow the child to return home with an in-home safety plan, and
- assess if the child's out-of-home care provider is continuing to meet the child's needs and provide for their protection/safety, and modify the safety or case plan, when appropriate.

VIII.B. Documentation

Information related to the requirements of safety management must be documented in the family case record.

IX. Case Progress Evaluation

The case progress evaluation is a formal opportunity for the family and the Ongoing Services worker to assess and evaluate progress toward enhancing parent/caregiver protective capacities or reducing or eliminating safety threats and to make any needed modifications to the plan to support the family in establishing and maintaining a safe home for their children.

IX.A. Measuring and Evaluating Progress and Change

As part of monitoring an in-home or out-of-home safety plan (*refer to Section VIII.A. Monitoring the Safety plan*) the Ongoing Services worker must conduct a case progress evaluation every 90 days after the initiation of the case plan in order to evaluate the effectiveness of the case plan and measure progress and change.

The goals in the case plan are used as the basis for evaluating progress and change related to enhancing parent/caregiver protective capacities related to impending danger threats.

When the case progress evaluation indicates that the case plan needs to be modified due to changes in parent/caregiver protective capacities or threats to safety, the Ongoing Services worker, in collaboration with parents/caregivers, must revise the plan or create a new case plan.

IX.B. Documentation/Supervisory Approval

Case Progress Evaluation information must be documented in the family case record and approved by a supervisor or her/his designee.

X. Reunification

Reunification represents a specific event within ongoing CPS safety management. It is possible to reunify after parents/caregivers have made progress related to addressing issues associated with safety threats and parent/caregiver protective capacities. The essential question is, “Can the child be kept safe within the home if he or she is returned home?”

X.A. Reunification Criteria and Process

Prior to a child being reunified, the following safety criteria must be met:

- Child safety can be maintained within the child’s home,

- Circumstances and behavior that resulted in removal can now be managed through an in-home safety plan, and
- A judgment can be made that an in-home safety plan can be sustained while services continue.

When the results of the case progress indicate that diminished parent/caregiver protective capacities are sufficiently enhanced to manage threats to safety, CPS initiates the process to reunify a child with his or her family.

As a part of this process CPS must:

- conduct a safety assessment and analysis before completing the reunification process, and
- when a child is unsafe, create an in-home safety plan to be implemented when the child is reunified. The in-home safety plan must be managed in accordance with these Standards.

XI. Case Closure

XI.A.1. Safety at Case Closure

Safety intervention at case closure relates to confirming that there are no safety threats or that sufficient parent/caregiver protective capacities exist to protect the child from impending danger.

The CPS responsibilities in making a determination that a safe home exists include:

- a formal safety assessment to make a judgment concerning the absence or presence of safety threats, and
- reassessing parent/caregiver protective capacities.

The Ongoing Services worker should work with the family to assure informal or formal supports are in place prior to case closure. These supports include arrangements and connections within the family network or community that can be created, facilitated, or reinforced to provide the parent/caregiver resources and assistance once CPS involvement ends.

XI.A.2. Documentation/Supervisory Approval

Case closure information must be documented in the family case record and approved by a supervisor or her/his designee.

XII. Exceptions

XIII.A. Exceptions can only be made to these Standards when the justification for the exception and the alternative provision to meet the requirement(s) is documented in the case record and approved by a supervisor or her/his designee. Exceptions cannot be granted for requirements of state statutes, federal law, or administrative rules.

GLOSSARY

The management and treatment of threats to child safety is based on concepts that should be fully understood and applied. The foundation for what CPS does during safety intervention is grounded on these concepts. The proficient use of the ideas that are expressed through these definitions is fully dependent on a versatile working knowledge of what these concepts are and how they have relevance, give meaning and apply to safety intervention.

- 1. Impending Danger** is a foreseeable state of danger in which family behaviors, attitudes, motives, emotions and/or situations pose a threat which may not be currently active, but can be anticipated to have severe effects on a child at any time in the near future and requires safety intervention. The danger may not be obvious at the onset of CPS intervention or occurring in a present context, but can be identified and understood upon more fully evaluating individual and family conditions and functioning. There are seventeen (17) impending danger threats contained as criteria on the Safety Assessment for assessing, determining, and recording the presence of impending danger.
- 2. Parent or Caregiver Protective Capacities** refers to personal and parenting behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person being protective of his or her child. A protective capacity is a specific quality that can be observed, understood and demonstrated as a part of the way a parent thinks, feels, and acts that makes her or him protective.
- 3. Present Danger Threats** refer to immediate, significant and clearly observable family condition that is actively occurring or “in process” of occurring at the point of contact with a family and will likely result in severe harm to a child.
- 4. Protective Plan** refers to an immediate, short term action that protects a child from present danger threats in order to allow completion of the initial assessment/investigation and, if needed, the implementation of a safety plan.
- 5. Reunification** refers to a safety decision to modify an out-of-home safety plan to an in-home safety plan based on an analysis that a) impending danger threats can be controlled; b) parent/caregiver protective capacities have been sufficiently enhanced; and c) parent/caregivers are willing and able to accept an in-home safety plan.
- 6. Safe Home** refers to the required safety intervention outcome that must be achieved in order for a case that involves an unsafe child to be successfully closed. A safe home is a qualified environment and living circumstance that once established can be judged to assure a child’s safety and provide a permanent living arrangement. A safe home is qualified by the absence or reduction of threats of severe harm; the presence of sufficient parent or caregiver protective

capacities; and confidence in consistency and endurance of the conditions that produced the safe home. The term “safe home” is used in the Adoption and Safe Families Act (ASFA) as the objective of CPS intervention.

7. **Safety** refers to the absence of present or impending danger to a child or routinely demonstrated parent or caregiver protective capacities to assure that a child is protected from danger.
8. **Safety Analysis** refers to an examination of safety intervention information; impending danger threats as identified by the safety assessment; and parent/caregiver protective capacities.
9. **Safety Assessment** means the identification and focused evaluation of impending danger threats as part of the initial CPS intervention and continues throughout the life of the case.
10. **Safety Intervention** refers to all the actions and decisions required throughout the life of a case to a) assure that an unsafe child is protected; b) expend sufficient efforts necessary to support and facilitate a child’s parents/caregivers taking responsibility for the child’s protection; and c) achieve the establishment of a safe, permanent home for the unsafe child. Safety intervention consists of identifying and assessing threats to child safety; planning and establishing safety plans that assure child safety; managing safety plans that assure child safety; and creating and implementing case plans that enhance the capacity of parents/caregivers to provide protection for their children.
11. **Severe Harm** refers to detrimental effects consistent with serious or significant injury; disablement; grave/debilitating physical health or physical conditions; acute/grievous suffering; terror; impairment; even death.
12. **Threat to Child Safety** refers to specific conditions, behavior, emotion, perceptions, attitudes, intent, actions or situations within a family that represent the potential for severe harm to a child. A threat to child safety may be classified as present danger threats or impending danger threats.
13. **Unsafe** refers to the presence of present or impending danger to a child and insufficient parent or caregiver protective capacities to assure that a child is protected.

SAFETY APPENDIX 1

Present Danger Threats to Child Safety DEFINITIONS AND EXAMPLES

Maltreatment

- **The child is being maltreated at the time of the report or at initial contact**
This means that the child is being maltreated at the time the report is being made, maltreatment has occurred the same day as the initial contact, or maltreatment is in process at the time of the initial contact. This does not include chronic neglect that is reported as being ongoing but does not necessarily meet the criteria for present danger.
- **Severe to extreme maltreatment of the child is suspected, observed, or confirmed**
This includes severe or extreme forms of maltreatment and can include severe injuries, serious unmet health needs, cruel treatment, and psychological torture.
- **The child has multiple or different kinds of injuries**
This generally refers to different kinds of injuries, such as bruising and burns, but it is acceptable to consider one type of injury on different parts of the body.
- **The child has injuries to the face or head**
This includes any kind of physical injury to the face or head of the child alleged to be the result of maltreatment.
- **The maltreatment demonstrates bizarre cruelty**
This includes such things as locking up children, torture, extreme emotional abuse, etc.
- **The maltreatment of several victims is suspected, observed, or confirmed**
This refers to more than one child currently being maltreated, rather than other children having been maltreated in the past. This does not include chronic ongoing neglect cases, where there is more than one alleged child victim, if the neglect situation does not meet the criteria for present danger.
- **The maltreatment appears premeditated**
The maltreatment appears to be the result of a deliberate, preconceived plan or intent.
- **Dangerous (life threatening) living arrangements are present**
This is based on specific information reported which indicates that a child's living situation is an immediate threat to his/her safety. This includes serious health and safety circumstances such as unsafe buildings, serious fire hazards, accessible weapons, unsafe heating or wiring, etc. It is dependent upon the age and self-protective capacities of the child.

➤ **The current report represents a serious threat to the child and there is a history of reports**

This threat requires no qualification about the nature of the previous reports as in whether they were minor or serious. Family history of reports should always be considered in relation to other threats when making judgments about present danger threats to a child. Serious is consistent with moderate to extreme maltreatment associated with serious family difficulties or stresses, questionable protective capacities, and concerning parental behavior.

➤ **The child is accessible to a maltreater**

This is a present danger threat if the suspected maltreatment is severe to extreme. This applies to circumstances where the maltreater has current access as well as where the maltreater will have access in the very near future, such as at the end of the school day. This also refers to situations where there is only one parent/caregiver, who is isolated from others, and therefore, spends significant amounts of time providing care for a child.

Child

➤ **Parent's viewpoint of child is bizarre.**

This refers to an extreme viewpoint that could be dangerous for the child, not just a negative attitude toward the child. It is consistent with the level of seeing the child as demon possessed.

➤ **Child is unable to care for self and unsupervised or alone at the time of the report**

This only applies if the child is truly without care, it does not apply to a person complaining that the parent has left the child with them and hasn't picked the child up yet. It also only applies to a child left unsupervised now. If the child was unsupervised the previous night but is not alone now, it is not a present danger threat of harm.

➤ **Child needs medical attention at the time of the report**

This applies to a child of any age. To be a present danger threat of harm, the medical care required must be significant enough that its absence could seriously affect the child's health and well-being. Lack of routine medical care is not a present danger threat.

➤ **Child is fearful or anxious of the home situation at the time of the report**

This applies to children who are described as being obviously afraid of their home situation, their present circumstances, or of a person because of a personal threat.

Parent

- **Parent is intoxicated (alcohol or other drugs) now or is consistently under the influence**
This refers to a parent who is intoxicated or under the influence of drugs most of the time. The parent's ability to care for the child is less important than the use of a substance (drinking compared to intoxicated). Special consideration should be given in cases where methamphetamine use or the manufacturing of methamphetamine is reported. CPS should coordinate the response with law enforcement.
- **Parent is out of control (mental illness or other significant lack of control)**
This can include bizarre or dangerous behaviors as addressed below, but also includes mental or emotional distress where a parent cannot manage their behaviors in order to meet their parenting responsibilities related to providing basic, necessary care.
- **Parent is demonstrating bizarre behaviors**
This will require interpretation of the reported information and may include unpredictable, incoherent, outrageous, or totally inappropriate behavior.
- **Parents are unable or unwilling to perform basic care**
This only refers to those parental duties and responsibilities consistent with basic care or assuring safety, not to whether the parent is generally effective or appropriate.
- **Parent is acting dangerous now or is described as dangerous**
This includes a parent described as physically or verbally imposing and threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in an aggressive manner, etc.
- **Parents' whereabouts are unknown**
This includes situations when a parent cannot be located at the time of the report and this affects the safety of the child.
- **One or both parents overtly reject intervention.**
The key word here is "overtly." This means that the parents refuse access to the child. This means that the parents essentially avoid all CPS attempts at communication and completion of the initial assessment/investigation. In all likelihood this will be considered and acted upon as a present danger threat since it is probable that the overt rejection will begin at the initial contact or closely thereafter thus requiring a protective plan in order for the initial assessment/investigation to continue.

- **Both parents/caregivers cannot or do not explain the child's injuries and/or conditions.**

Parents/caregivers are unable or willing to explain maltreating conditions or injuries which are consistent with the facts.

Family

- **The family may flee**

This will require judgment of case information. Transient families, families with no clear home, or homes that are not established, etc., should be considered. This refers to families who are likely to be impossible or difficult to locate and does not include families that are considering a formal, planned move.

- **The family hides the child**

This includes families who physically restrain a child within the home as well as families who avoid allowing others to have contact with their child by passing the child around to other relatives, or other means to limit CPS access to the child.

- **Child is subject to present/active domestic violence**

This refers to presently occurring domestic violence and child maltreatment or a general recurring state of domestic violence that includes child maltreatment where a child is being subjected to the actions and behaviors of a perpetrator of domestic violence. There is greater concern when the abuse of a parent and the abuse of a child occur during the same time.

- **Family is isolated and there is a report of serious maltreatment**

This refers to both geographic and social isolation. This is a dependent threat, i.e. in and of itself, the isolation of a family is not a present danger threat.

- **Situation may/will change quickly and there is a report of serious maltreatment**

This is not truly a present danger threat of harm, but is pertinent in judging the need to respond in that the change in the situation may result in the loss of opportunity to gather important information

SAFETY APPENDIX 2

The Vulnerable Child

Introduction

Is there a vulnerable child in this family?

Child vulnerability refers to a child's capacity for self-protection. This definition helps to challenge the tendency of associating vulnerability primarily with age.

The Safety Assessment

Child vulnerability is the first conclusion you make when completing a safety assessment. If you conclude that there is not a vulnerable child in the family/household, no further safety assessment is necessary and no safety plan is required. When, however, you determine that a vulnerable child lives in the family/household, then you proceed with completing the safety assessment.

Safety is an issue only when there is a vulnerable child in a family.

Judging Child Vulnerability

In order to judge child vulnerability, you will need to observe the family and gather information to evaluate the child, understand the role the child has in the family, and have a sense of the parent- child interaction or relationship. While the vulnerability of some children is obvious simply by observation (e.g., an infant), it is not uncommon that a CPS worker cannot make an adequate judgment on the vulnerability of a child until the conclusion of the initial assessment/investigation.

The following will assist in judging child vulnerability:

Age – Children from birth to six years old are always vulnerable. Be hyper-vigilant about infants.

Physical Disability – Regardless of age, children who are physically handicapped and therefore unable to remove themselves from danger are vulnerable. Those who, because of their physical limitations, are highly dependent on others to meet their basic needs are vulnerable.

Mental Disability – Regardless of age, children who are cognitively limited are vulnerable because of a number of possible limitations: recognizing danger, knowing who can be trusted, meeting their basic needs and seeking protection.

Provocative – A child’s emotional, mental health, behavioral problems can be such that they irritate and provoke others to act out toward them or to totally avoid them.

Powerless – Regardless of age, intellect and physical capacity, children who are highly dependent and susceptible to others are vulnerable. These children typically are so influenced by emotional and psychological attachment that they are subject to the whims of those who have power over them. Within this dynamic, you might notice children being subject to intimidation, fear, and emotional manipulation. Powerlessness could also be observed in vulnerable children who are exposed to threatening circumstances which they are unable to manage.

Defenseless – Regardless of age, a child who is unable to defend him/herself against aggression is vulnerable. This can include those children who are oblivious to danger. Remember that self-protection involves accurate reality perception particularly related to dangerous people and dangerous situations. Children who are frail or lack mobility are more defenseless and therefore vulnerable.

Non Assertive – Regardless of age, a child who is so passive or withdrawn to not make his or her basic needs known is vulnerable. A child who is unable or afraid to seek help and protection from others is vulnerable.

Illness – Regardless of age, some children have continuing or acute medical problems and needs that make them vulnerable.

Invisible – Children that no one sees (who are hidden) are vulnerable. A child who has limited or no adult contact outside the home and is not available to be noticed or observed should be considered to be vulnerable regardless of age.

Summary

- Child vulnerability is the first conclusion you make when completing a safety assessment.
- A judgment about child vulnerability is based on the capacity for self-protection.
- Self-protection refers to being able to demonstrate behavior that 1) results in defending oneself against threats of safety and 2) results in successfully meeting one’s own basic (safety) needs.
- Child vulnerability is not a matter of degree. Kids are vulnerable to threats to safety or they are not.
- Vulnerability means being defenseless to threats of safety.
- Child vulnerability is not based on age alone.
- There are many characteristics of older children that make them vulnerable to threats to safety.

- If there are no vulnerable children in a family/household, then no additional safety assessment or safety planning is necessary.
- As a safety assessment concern, a child's vulnerability informs us about the predisposition for suffering more serious injury.
- As a safety planning issue, a child's vulnerability helps inform us about what is needed to manage threats and assure protection.

SAFETY APPENDIX 3

ESTABLISHING AND IMPELEMENTING THE PROTECTIVE PLAN

The following questions provide a guide for considering the establishment of immediate protective plans:

- Specifically, what are the threats that you are concerned with? What danger must be controlled?
- Is the family network interested in and capable of carrying out a protection plan?
- Is there any source within the family network that can serve to reduce the safety concern? (e.g., non abusing spouse, extended family, etc.) How do you know if they are willing/able?
- What natural resources seem to exist within the family network?
- What do you know about these resources (people)? How can you find out?
- Do resources and supports seem sufficient and available to address the threats to safety during the next few hours and days?
- What are the parents'/caregivers' and family's likely responses to my concerns?
- How do you deal with the parents/caregivers and the situation?
- Does a crisis exist? Are the threats associated with a crisis?
- How is the family responding to the crisis? What meaning does that have for action you must take?
- Will a protective plan stimulate a crisis? What are the implications of that?
- Is classic crisis intervention needed? What does that involve?
- Does the family have immediate needs that must be addressed? (e.g. housing, food, some sort of care). How does that affect your decisions? What can you offer? What actions are necessary by you? By them?
- Can an in-home protection plan be established? How will you involve the parents/caregivers/family network? What roles and responsibilities will they have? What roles and responsibilities will be given to others? How independent are others from the family in respect to exerting their protection role?
- How do you know the plan will work?
- Who else is involved?
- What is your role?
 - ◆ Does the child need a medical evaluation or immediate medical care? Why? How do you communicate this to the parents? How will you carry this out?
 - ◆ What are the immediate next steps? How will you know and believe their responses, commitments etc. re the next steps?
- Is legal action necessary to help assure the sufficiency of the protective plan? What steps are necessary to carry this out?

Examples of protective plans include but are not limited to:

- A maltreating or threatening person agrees to leave and remain away from the home and child until such time as the initial assessment/investigation is complete.
- A responsible, suitable person agrees to reside in the household and supervise the child at all times and/or as needed to assure protection until the initial assessment/investigation is complete.
- The child is cared for part or all of the time outside the child's home by a friend, neighbor, or relative until the initial assessment/investigation is complete.
- The child is formally placed in out-of-home care pending the completion of the initial assessment/investigation.

SAFETY APPENDIX 4

PRESENT DANGER THREATS IN PLACEMENT HOMES

Present danger threats in placement homes can be different than present danger threats in a child's own home. When assessing safety of relative or foster care providers for the first time CPS should consider the following:

- A child's exceptional needs or behaviors placement caregivers cannot or will not meet or manage.
- A child who may be seen by placement caregivers as responsible for the child's parents' problems or for problems the prospective placement caregivers are experiencing or may experience.
- Placement caregivers who may be sympathetic toward the child's parents; who may justify the parents' behavior; who may believe the parents rather than CPS and the child; and/or who may be supportive of the child's parents' point of view.
- Any history of or active criminal behavior associated with the placement home.
- The potential for placement caregivers to allow parents access to the child.
- Whether the placement caregiver family is an active CPS case; whether there is a history of CPS involvement or history of reports.

The presence of any of these safety concerns along with present danger threats should be fully studied and understood and may represent a basis for not choosing a placement.

SAFETY APPENDIX 5

INFORMATION NEEDED TO SUPPORT SAFETY DECISIONS

1. The Extent of Maltreatment

- nature and extent of maltreatment
- symptoms
- specific events and circumstances
- condition and location of the presenting child
- duration
- progression
- pattern

2. Circumstances Surrounding the maltreatment

- isolation
- stress and coping
- violence
- multi-generational / historical
- explanation for maltreatment, events or family circumstances
- openness and truthfulness
- mental health issues
- substance use issues
- parents'/caregivers' response to CPS.
- history and duration of the maltreatment; chronicity and pervasiveness.
- contextual issues such as the use of objects, threats, intentional, bizarre.

3. Child Functioning

- child vulnerability
- special needs or unusual behaviors
- sense of security compared to fearfulness
- developmental status
- physical health and healthcare
- if school age, school attendance and performance
- suicidal, homicidal, or dangerously impulsive behavior
- developmentally/age appropriate social outlets; peer relationships; physical activity
- history of being sexually reactive/sexual acting out
- signs of positive attachment with parent or caregiver
- nature of affect; mood; temperament
- behaviors in terms of being within or beyond normal limits
- sleeping arrangements

- child perceptions about intervention for self or other family members
- appropriateness of child's responsibilities within the home and family
- condition of the child
- usual location(s) of the child
- accessibility of the child to danger or threatening people

4. Adult Functioning

- reality orientation
- reality perception
- problem awareness, acknowledgement, acceptance
- self evaluation as part of life situation
- openness and defensiveness
- mood and temperament
- emotional control
- self control
- self aware
- coping
- impulse management
- problem solving; planning
- judgment
- acts
- assertive
- approach to meeting needs and desires
- accountable
- dependable
- reliable
- trustworthy
- sensible
- settled

5. Parenting and Disciplinary Practices

- Parent/caregiver self perception and attitude about parenting
- Parent/caregiver history of parenting including how parent/caregiver was parented
- Parenting style; awareness and rationale for parenting style
- Parent/caregiver knowledge of child development
- Parent/caregiver perception of the child
- Parent/caregivers recognition of the child's needs
- Nature of attachment existing between parent/caregiver and child
- Parent/caregiver expressed concern and empathy for the child
- Parent/caregiver tolerance of the child
- Parent/caregiver reaction toward the child; manner of responding
- Interaction between the parent/caregiver and child
- Parent/caregivers manner of expression and communication with the child

- Parent/caregiver alignments; alignment with child
- Parent/caregivers attitudes about; willingness and ability to supervise and protect
- Parent/caregivers ability to accurately identify threats to child safety; recognize danger
- Parent/caregivers ability to defer their own personal needs in favor of the needs of their child
- Parent/caregivers recognition of a child's need for supervision and protection
- Parent/caregivers perception regarding their responsibility to protect
- Parent/caregivers motivation to protect and meet basic needs
- Parent/caregivers ability to recognize a child's strengths, needs and limitations
- The nature of child care in terms of providing basic needs compared to the child's age and his/her extent of self sufficiency
- Parents'/caregivers' understanding and beliefs about their primary role to assure basic needs and protection
- Parents'/caregivers' knowledge and skill to provide basic needs
- Parents'/caregivers' ability to access resources and/or plan how to use resources to meet basic needs
- Type and nature of disciplinary approaches
- Purpose for discipline
- Plan for approaching discipline
- Parents'/caregivers' self awareness regarding the effectiveness of disciplinary approaches and their reaction(s) toward the child
- Parents'/caregivers' expectations for the child behavior and response
- Parents'/caregivers' emotional state related to discipline
- Balance of discipline as a function of parenting compared to other parenting responsibilities

SAFETY APPENDIX 6

THE SAFETY THRESHOLD AND IMPENDING DANGER THREATS TO CHILD SAFETY

The definition for impending danger indicates that threats to child safety are family conditions that are *specific and observable*. A threat of impending danger is something CPS sees or learns about from credible sources. Family members and others who know a family can describe threats of impending danger. These dangerous family conditions can be observed and understood. If CPS cannot describe in detail a family condition or parent/caregiver behavior that is a threat to a child's safety that he or she has seen or been told about then that is an indication that it is not a threat of impending danger. Child vulnerability is always assessed and determined separate from identifying impending danger. If a case does not include a vulnerable child then safety is not an issue.

The **Safety Threshold** refers to the point at which family behaviors, conditions or situations rise to the level of directly threatening the safety of a child. The safety threshold is crossed when family behaviors, conditions or situations are manifested in such a way that they are beyond being just problems or risk influences and have become threatening to child safety. These family behaviors, conditions, or situations are active at a heightened degree, a greater level of intensity, and are judged to be out of the parent/caregiver or family's control thus having implications for dangerousness.

The safety threshold is the means by which a family condition can be judged or measured to determine if a safety threat exists. The safety threshold criteria includes: family behaviors, conditions or situations that are out-of-control; are severe/extreme in nature; likely to produce severe harm; occurring in the presence of a vulnerable child; are imminent; and are observable, specific and justifiable. The safety threshold includes only those family conditions that are judged to be out of a parents'/caregiver's control and out of the control of others within the family. This includes situations where the parent/caregiver is able to control conditions, behaviors, or situations but is unwilling or refuses to exert control.

Safety Threshold Definitions

- **Observable** refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen and understood and are subject to being reported and justified. The criterion "observable" does not include suspicion, intuitive feelings, difficulties in worker-family interaction, lack of cooperation, or difficulties in obtaining information.
- **Vulnerable Child** refers to a child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age; physical and

emotional development; ability to communicate needs; mobility; size and dependence and susceptibility. This definition also includes all young children from 0 – 6 and older children who, for whatever reason, are not able to protect themselves or seek help from protective others.

- **Out-of-Control** refers to family behavior, conditions or situations which are unrestrained resulting in an unpredictable and possibly chaotic family environment not subject to the influence, manipulation, or ability within the family's control. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system.
- **Imminent** refers to the belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks. This is consistent with a degree of certainty or inevitability that danger and severe harm are possible, even likely outcomes, without intervention.
- **Severity** refers to the effects of maltreatment that have already occurred and/or the potential for harsh effects based on the vulnerability of a child and the family behavior, condition or situation that is out of control. As far as danger is concerned, the safety threshold is consistent with severe harm. Severe harm includes such effects as serious physical injury, disability, terror and extreme fear, impairment and death. The safety threshold is in line with family conditions that reasonably could result in harsh and unacceptable pain and suffering for a vulnerable child.

Impending Danger Threats - Definitions and Examples

1. No adult in the home will perform parental duties and responsibilities.

This refers only to adults (not children) in a caretaking role. Duties and responsibilities related to the provision of food, clothing, shelter, and supervision are considered at a basic level.

- Parent's/caregiver's physical or mental disability/incapacitation renders the person unable to provide basic care for the child.
- Parent/caregiver is or has been absent from the home for lengthy periods of time and no other adults are available to care for the child.
- Parent/caregiver has abandoned the child.
- Parents arranged care by an adult, but their whereabouts are unknown or they have not returned according to plan and the current caregiver is asking for relief.
- A substance abuse problem renders the parent/primary caregiver incapable of routinely/consistently attending to the child's basic needs.

- Parent/caregiver is or will be incarcerated thereby leaving the child without a responsible adult to provide care.
- Parent/caregiver allows the child to wander in and out of the home or through the neighborhood without the necessary supervision.
- Parent/caregiver allows other adults to improperly influence (drugs, alcohol, abusive behavior) the child and the parent/caregiver is present or approves.

2. One or both parents are violent.

Domestic Violence:

- Parent/caregiver physically and/or verbally assaults an intimate partner in the presence of the child; the child witnesses the activity, and is fearful for self/others.
- Parent/caregiver threatens attacks or injures both intimate partner and child.
- Parent/caregiver threatens, attacks or injures intimate partner and child attempts/may attempt to intervene.
- Parent/caregiver threatens, attacks or injures intimate partner and the child is harmed even though the child may not be the actual target of the violence.
- Parent/caregiver consciously uses force, aggression, control or violence to threaten, punish or intimidate.

General violence:

- Parent/caregiver whose behavior outside of the home (e.g. drugs, violence, aggressiveness, hostility) creates an environment within the home that threatens child safety (e.g. drug parties, gangs, drive-by shootings).
- Parent/caregiver who is impulsive, explosive or out of control, having temper outbursts which result in violent physical actions (e.g. throwing things).

3. One or both parents cannot control behavior.

This threat includes behaviors other than aggression or emotions that affect child safety as illustrated in the following examples.

- Parent/caregiver is seriously depressed and unable to control emotions or behaviors.
- Parent/caregiver is chemically dependent and unable to control the effects of the dependency.
- Parent/caregiver makes impulsive decisions and plans that leave the child in precarious situations (e.g. unsupervised, supervised by an unreliable person).
- Parent/caregiver spends money impulsively resulting in a lack of basic necessities.
- Parent/caregiver is emotionally immobilized (chronically or situationally) and cannot control behavior.
- Parent/caregiver has addictive patterns or behaviors (e.g. addiction to substances, gambling, computers, sex) that are uncontrolled and leave the child in unsafe situations (e.g. failure to supervise or provide basic care)

- Parent/caregiver is delusional or experiencing hallucinations.
- Parent/caregiver is seriously depressed and functionally unable to meet the child's basic needs.

4. Child is perceived in extremely negative terms by one or both parents/caregivers.

“Extremely” is meant to suggest a perception which is so negative that, when present, it creates a child safety concerns. In order for this condition to apply, these types of perceptions must be present and the perceptions must be inaccurate.

- Child is perceived to be the devil, demon-possessed, evil, or deformed, ugly, deficient, or embarrassing.
- Child has taken on the same identity that the parent/caregiver hates and is fearful or hostile towards and the parent/caregiver transfers feeling of the person to the child.
- Child is considered to be punishing or torturing the parent/caregiver.
- One parent/caregiver is jealous of the child and believes the child is a detriment or threat to the parents'/caregivers' relationship.
- Parent/ caregiver sees the child as an undesirable extension of self and views the child with some sense of purging or punishing.

5. Family does not have resources to meet basic needs.

“Basic needs” means shelter, food, and clothing. This includes both the lack of such resources and the lack of capacity to use such resources if they were available.

- Family has no money.
- Family has no food, clothing, or shelter.
- Family finances are insufficient to support needs (e.g. medical care) that, if unmet, could result in a threat to child safety.
- Parent/caregiver lacks life management skills to properly use resources when they are available which impacts child safety.
- Family is routinely using their resources for things (e.g. drugs) other than for basic care and support thereby leaving them without their basic needs being adequately met.
- Child's basic needs exceed normal expectations because of unusual conditions (e.g. disability) and the family is unable to adequately address the needs.

6. One or both parents/caregivers fear they will maltreat child and/or request placement.

The safety decision-making elements of immediacy, severity, and vulnerability must be considered when evaluating this threat.

- Parent/caregiver state they will maltreat.
- Parent/caregiver describes conditions and situations that stimulate them to think about maltreating the child.
- Parent/caregiver talks about being worried about, fearful of, or preoccupied with maltreating the child.
- Parent/caregiver identifies things that the child does that aggravate or annoy them in ways that makes them want to attack the child.
- Parent/caregiver describes disciplinary incidents that have become out-of-control.
- Parent/caregiver is distressed or "at the end of their rope" and are asking for relief in either specific ("take the child") or general ("please help me before something awful happens") terms.
- One parent/caregiver is expressing concerns about what the other parent/caregiver is capable of or may be doing.

7. One or both parents/caregivers intend(ed) to hurt child.

“Intended” suggests that before or during the time the child was harmed, the parents’/caregivers, conscious purpose was to hurt the child. This should be distinguished from an instance in which the parent/caregiver meant to discipline or punish the child and the child was inadvertently hurt.

- The incident was planned or had an element of premeditation and there is no remorse.
- The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g. cigarette burns) and there is no remorse.
- Parent's/caregiver's motivation is to teach or discipline seems secondary to inflicting pain or injury and there is not remorse.
- Parent/caregiver can reasonably be assumed to have had some awareness of what the result would be prior to the incident and there is no remorse.
- Parent's/caregiver's actions were not impulsive, there was sufficient time and deliberation to assure that the actions hurt the child, and there was no remorse.
- Parent/caregiver does not acknowledge any guilt or wrongdoing and there was intent to hurt the child.
- Parent/caregiver intended to hurt the child and shows no empathy for the pain or trauma the child has experienced.
- Parent/caregiver may feel justified, may express that the child deserved the mistreatment, and they intended to hurt the child.

8. One or both parents/caregivers lack parenting knowledge, skills, or motivation which affects child safety.

The safety decision-making elements of immediacy, severity, and vulnerability apply here as well as basic parenting qualities. The judgment is based on the parents/caregivers: 1) lacking the basic knowledge or skills which prevent them from meeting the child's basic needs, or 2) lacking motivation resulting in abdicating their role to meet basic needs, or 3) failing to adequately perform the parental role to meet the child's basic needs. This inability and/or unwillingness to meet basic needs creates child safety concerns.

- Parent's/caregiver's intellectual capacities affect judgment and/or knowledge in ways that prevent the provision of adequate basic care.
- Young or intellectually limited parents/primary caregivers have little or no knowledge of a child's needs and capacity.
- Parent's/caregiver's expectations of the child far exceed the child's capacity thereby placing the child in unsafe situations.
- Parent/caregiver does not know what basic care is or how to provide it (e.g., how to feed or diaper; how to protect or supervise according to the child's age).
- Parents'/caregivers' parenting skills are exceeded by a child's special needs and demands in ways that affect safety.
- Parent's/caregiver's knowledge and skills are adequate for some children's ages and development, but not for others (e.g., able to care for an infant, but cannot control a toddler).
- Parent/caregiver does not want to be a parent and does not perform the role, particularly in terms of basic needs.
- Parent/caregiver is averse to parenting and does not provide basic needs.
- Parent/caregiver avoids parenting and basic care responsibilities.
- Parent/caregiver allows others to parent or provide care to the child without concern for the other person's ability or capacity (whether known or unknown).
- Parent/caregiver does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects, or household cleaners out of reach of small children).
- Parents/caregivers place their own needs above the children's needs thereby affecting the children's safety.
- Parents/caregivers do not believe the children's disclosure of abuse/neglect even when there is a preponderance of evidence and this affects the children's safety.

9. There is some indication that the parents/caregivers will flee.

This threat is selected if the facts suggest that the family will hide the child by changing residences, leaving the jurisdiction, or refusing access to the child, and the consequences for the child may be severe and immediate.

- Family is highly transient.
- Family has little tangible attachments (e.g., job, home, property, extended family).
- Parent/caregiver is evasive, manipulative, suspicious.
- There is precedence for avoidance and flight.
- There are or will be civil or criminal complications that the family wants to avoid.
- There are other circumstances prompting flight (e.g., warrants, false identities uncovered, criminal convictions, financial indebtedness).

10. Child has exceptional needs which the parents'/caregivers' cannot or will not meet.

“Exceptional” refers to specific child conditions (e.g., retardation, blindness, physical disability) which are either organic or naturally induced as opposed to parentally induced. The key here is that the parents, by not addressing the child’s exceptional needs, will not or cannot meet the child’s basic needs.

- Child has a physical or mental condition that, if untreated, is a safety threat.
- Parent/caregiver does not recognize the condition.
- Parent/caregiver views the condition as less serious than it is.
- Parent/caregiver refuses to address the condition for religious or other reasons.
- Parent/caregiver lacks the capacity to fully understand the condition or the safety threat.
- Parent’s/caregiver’s expectations of the child are totally unrealistic in view of the child’s condition.
- Parent/caregiver allows the child to live or be placed in situations in which harm is increased by virtue of the child’s condition.

11. Living arrangements seriously endanger a child’s physical health.

This threat refers to conditions in the home which are immediately life-threatening or seriously endangering a child’s physical health (e.g., people discharging firearms without regard to who might be harmed; the lack of hygiene is so dramatic as to cause or potentially cause serious illness).

- Housing is unsanitary, filthy, infested, a health hazard.
- The house’s physical structure is decaying, falling down.
- Wiring and plumbing in the house are substandard, exposed.
- Furnishings or appliances are hazardous.
- Heating, fireplaces, stoves, are hazardous and accessible.

- There are natural or man-made hazards located close to the home.
- The home has easily accessible open windows or balconies in upper stories.
- Occupants in the home, activity within the home, or traffic in and out of the home present a specific threat to a child's safety.

12. Child shows serious emotional effects of maltreatment and a lack of behavioral control.

Key words are “serious” and “lack of behavioral control.” “Serious” suggests that the child's condition has immediate implications for intervention (e.g., extreme emotional vulnerability, suicide prevention). “Lack of behavioral control” describes the provocative child who stimulates reactions in others. The safety decision-making elements of immediacy, severity, and vulnerability apply.

- Child threatens suicide, attempts suicide or appears to be having suicidal thoughts.
- Child will run away.
- Child's emotional state is such that immediate mental health/medical care is needed.
- Child is capable of and likely to self-mutilate.
- Child is a physical danger to others.
- Child abuses substances and may overdose.
- Child is so withdrawn that basic needs are not being met.

13. Child shows serious physical effects of maltreatment.

The key word is “serious,” and suggests that the child's condition has immediate implications for intervention (e.g., need for medical attention, extreme physical vulnerability).

- Child has severe injuries.
- Child has physical symptoms from maltreatment which require immediate medical treatment (e.g., failure to thrive).
- Child has physical symptoms from maltreatment which require continual medical treatment.

14. Child is fearful of the home situation.

“The home situation” includes specific family members and/or other conditions in the living situation (e.g., frequent presence of known drug users in the household).

- Child demonstrates emotional and/or physical responses indicating fear of the living situation or of people within the home (e.g., crying, inability to focus, nervousness, withdrawal).
- Child expresses fear and describes people and circumstances which are reasonably threatening.
- Child recounts previous experiences which form the basis for fear.

- Child's fearful response escalates at the mention of home, people or circumstances associated with reported incidents.
- Child describes personal threats which seem reasonable and believable.

15. Child is seen by either parent/caregiver as being responsible for the parents'/primary caregivers' problems.

This threat involves situations where a child is blamed for the parents'/caregivers' problems and this attitude will likely result in a safety concern for the child.

- Child is blamed and held accountable for CPS involvement.
- Parents/caregivers directly associate their problems (e.g., difficulties in their lives, limitations to their freedom, financial or other burdens) to the child.
- Conflicts that parents/primary caregivers experience with others (e.g., family members, neighbors, friends, school, police, CPS) are considered to be the child's fault.
- Losses the parent/caregiver experiences (e.g., job, relationships) are attributed to the child.

16. The maltreating parent/caregiver exhibits no remorse or guilt.

This threat is considered in the context of maltreatment to a child for which parents/primary caregivers do not take responsibility for and/or admit to but present cold, detached, uncaring emotions indicating little to no concern for the physical or emotional distress the child has or is experiencing.

- Parent's/caregiver's expressions of regret or sorrow are unbelievable and self-serving.
- Parent's/caregiver's regrets are more associated with getting caught than what was done.
- Parent/caregiver indicates a belief that the child deserved what he or she got.
- Parent/caregiver shows no recognition of wrong or inappropriateness.
- Parent/caregiver does not express any empathy toward the child's condition or injuries.
- Parent/caregiver demonstrates a self-righteous attitude and believes actions were justified.
- Parent/caregiver rationalizes the maltreating behavior as discipline, training or in the child's best interest.
- Parent/caregiver views the maltreating behavior as a parental right.

17. One or both parents/caregivers have failed to benefit from previous professional help.

“Previous professional help” suggests that a record exists and is known. This applies to the parents’/primary caregivers’ adult lives and should relate to current problems that are pertinent to child safety and risk of maltreatment.

- CPS has intervened before in respect to similar or exactly the same parental behavior that is currently threatening safety, yet there is no indication of change.
- Parents/caregivers have received professional help prior to this incident, and that help was concerned with similar or exactly the same behavior in question. The parent’s/caregiver’s current behavior suggests no change or relapse.
- The parent’s/caregiver’s assertion that they have received help before for these conditions and are rehabilitated does not fit with the current findings.

SAFETY APPENDIX 7

PARENT/CAREGIVER PROTECTIVE CAPACITIES

The following parental protective capacity areas of assessment are related to personal and parenting behavior, cognitive and emotional characteristics that specifically and directly can be associated with being protective to one's children. Protective capacities are personal qualities or characteristics that contribute to vigilant child protection. They are "strengths" that are specifically associated with one's ability to perform effectively as a parent in order to provide and assure a consistently safe environment.

Assessment of a parent/caregiver's capacity to protect a child begins with identifying and understanding how specific safety threats are occurring within the family system. At this point in the case process a worker determines what specific protective capacities are associated with the threats to child safety. The following definitions and examples should be used as a tool in assisting a worker in identifying the specific protective capacities that must be enhanced.

Children are unsafe because of threats to safety that cannot be controlled or mitigated by the parent/caregiver. Together, the worker and family identify strategies to enhance their capacity to provide protection for their child. For ongoing CPS there are three questions to answer which will then direct case planning:

- what is the reason for CPS involvement (safety threats)?
- what must change (protective capacities associated with identified safety threats)?
- how do we get there (case plan directed at enhancing protective capacities)?

Through the family assessment process, the Ongoing Services worker identifies enhanced and diminished parent/caregiver protective capacities. Enhanced protective capacities are strengths that can contribute to and reinforce the change process. Conversely, diminished protective capacities are the focus of the case plan. These are the areas that must change in order for parents/caregivers to resume their role and responsibility to provide protection for their children and create a safe home.

Assessing and understanding parent/caregiver protective capacities is the study and decision-making process that examines and integrates safety concerns into the case plan. It begins with the first meeting with the parents and child and is related to understanding personal and parenting behavior as well as cognitive and emotional characteristics that can be directly associated with being protective of one's children. This assessment is directly related to understanding and managing impending danger threats and correlating those identified threats to diminished parent/caregiver protective capacities. Diminished protective capacities are then addressed in the case plan.

Parent/Caregiver Protective Capacities

<u>Behavioral Protective Capacities</u>	<u>Cognitive Protective Capacities</u>	<u>Emotional Protective Capacities</u>
<ul style="list-style-type: none"> • Has a history of protecting • Takes action. • Demonstrates impulse control. • Is physically able. • Has and demonstrates adequate skill to fulfill caregiving responsibilities. • Possesses adequate energy. • Sets aside her/his needs in favor of a child. • Is adaptive as a parent/caregiver. • Is assertive as a parent/caregiver • Uses resources necessary to meet the child’s basic needs. • Supports the child. 	<ul style="list-style-type: none"> • Plans and articulates a plan to protect the child. • Is aligned with the child. • Has adequate knowledge to fulfill care giving responsibilities and tasks. • Is reality oriented; perceives reality accurately. • Has an accurate perception of the child. • Understands his/her protective role. • Is self-aware as a parent/caregiver. 	<ul style="list-style-type: none"> • Is able to meet own emotional needs. • Is emotionally able to intervene to protect the child. • Is resilient as a parent/caregiver. • Is tolerant as a parent/caregiver. • Displays concern for the child and the child’s experience and is intent on emotionally protecting the child. • Has a strong bond with the child and is clear that the number one priority is the well-being of the child. • Expresses love, empathy and sensitivity toward the child; experiences specific empathy with the child’s perspective and feelings.

The following definitions and examples are not to be applied as a checklist, but rather provide a framework in which to consider and understand how to direct CPS services to reduce or eliminate threats to child safety by enhancing parent/caregiver protective capacities.

Definitions and Examples

Behavioral Protective Capacities

The parent/caregiver has a history of protecting

This refers to a person with many experiences and events in which they have demonstrated clear and reportable evidence of having been protective.

- People who have protected their children in demonstrative ways by separating them from danger; seeking assistance from others; or similar clear evidence.
- Parents/caregivers and other reliable people who can describe various events and experiences where protectiveness was evident.

The parent/caregiver takes action.

This refers to a person who is action-oriented in all aspects of their life.

- People who proceed with a positive course of action in resolving issues.
- People who take necessary steps to complete tasks.

The parent/caregiver demonstrates impulse control.

This refers to a person who is deliberate and careful; who acts in managed and self-controlled ways.

- People who think about consequences and act accordingly.
- People who are able to plan.

The parent/caregiver is physically able and has adequate energy.

This refers to people who are sufficiently healthy, mobile and strong.

- People with physical abilities to effectively deal with dangers like fires or physical threats.
- People who have the personal sustenance necessary to be ready and on the job of being protective.

The parent/caregiver has/demonstrates adequate skill to fulfill responsibilities.

This refers to the possession and use of skills that are related to being protective as a parent/caregiver.

- People who can care for, feed, supervise, etc. their children according to their basic needs.
- People who can handle and manage their caregiving responsibilities.

The parent/caregiver sets aside her/his needs in favor of a child.

This refers to people who can delay gratifying their own needs, who accept their children's needs as a priority over their own.

- People who do for themselves after they've done for their children.
- People who seek ways to satisfy their children's needs as the priority.

The parent/caregiver is adaptive as a caregiver.

This refers to people who adjust and make the best of whatever caregiving situation occurs.

- People who are flexible and adjustable.
- People who accept things and can be creative about caregiving resulting in positive solutions.

The parent/caregiver is assertive as a caregiver.

This refers to being positive and persistent.

- People who advocate for their child.

- People who are self-confident and self-assured.

The parent/caregiver uses resources necessary to meet the child’s basic needs.

This refers to knowing what is needed, getting it, and using it to keep a child safe.

- People who use community public and private organizations.
- People who will call on police or access the courts to help them.

The parent/caregiver supports the child.

This refers to actual and observable acts of sustaining, encouraging, and maintaining a child’s psychological, physical and social well-being.

- People who spend considerable time with a child and respond to them in a positive manner.
- People who demonstrate actions that assure that their child is encouraged and reassured.

Cognitive Protective Capacities

The parent/caregiver plans and articulates a plan to protect the child.

This refers to the thinking ability that is evidenced in a reasonable, well thought out plan.

- People who are realistic in their idea and arrangements about what is needed to protect a child.
- People whose awareness of the plan is best illustrated by their ability to explain it and reason out why it is sufficient.

The parent/caregiver is aligned with the child.

This refers to a mental state or an identity with a child.

- People who think that they are highly connected to a child and therefore responsible for a child’s well-being and safety.
- People who consider their relationship with a child as the highest priority.

The parent/caregiver has adequate knowledge to fulfill caregiving responsibilities and tasks.

This refers to information and personal knowledge that is specific to caregiving that is associated with protection.

- People who have information related to what is needed to keep a child safe.
- People who know how to provide basic care which assures that children are safe.

The parent/caregiver is reality oriented; perceives reality accurately.

This refers to mental awareness and accuracy about one’s surroundings; correct perceptions of what is happening; and the viability and appropriateness of responses to what is real and factual.

- People who describe life circumstances accurately and operate in realistic ways.
- People who alert to, recognize, and respond to threatening situations and people.

The parent/caregiver has accurate perceptions of the child.

This refers to seeing and understanding a child’s capabilities, needs, and limitations correctly.

- People who recognize the child’s needs, strengths, and limitations. People who can explain what a child requires, generally, for protection and why.
- People who are accepting and understanding of the capabilities of a child.

The parent/caregiver understands his/her protective role.

This refers to awareness....knowing there are certain responsibilities and obligations that are specific to protecting a child.

- People who value and believe it is her/his primary responsibility to protect the child.
- People who can explain what the “protective role” means and involves and why it is so important.

The parent/caregiver is self-aware.

This refers to a parent’s/caregiver’s sensitivity to one’s thinking and actions and their effects on others – on a child.

- People who understand the cause – effect relationship between their own actions and results for their children.
- People who understand that their role as a parent/caregiver is unique and requires specific responses for their children.

Emotional Protective Capacities

The parent/caregiver is able to meet own emotional needs.

This refers to satisfying how one feels in reasonable, appropriate ways that are not dependent on or take advantage of others, in particular, children.

- People who use reasonable, appropriate, and mature/adult-like ways of satisfying their feelings and emotional needs.

The parent/caregiver is emotionally able to intervene to protect the child.

This refers to mental health, emotional energy, and emotional stability.

- People who are doing well enough emotionally that their needs and feelings don’t immobilize them or reduce their ability to act promptly and appropriately with respect to protectiveness.

The parent/caregiver is resilient

This refers to responsiveness and being able and ready to act promptly as a parent/caregiver.

- People who recover quickly from set backs or being upset.
- People who are effective at coping as a parent/caregiver.

The parent/caregiver is tolerant

This refers to acceptance, understanding, and respect in their parent/caregiver role.

- People who have a big picture attitude, who don't over react to mistakes and accidents.
- People who value how others feel and what they think.

The parent/caregiver displays concern for the child and the child's experience and is intent on emotionally protecting the child.

This refers to a sensitivity to understand and feel some sense of responsibility for a child and what the child is going through in such a manner to compel one to comfort and reassure.

- People who show compassion through sheltering and soothing a child.
- People who calm, pacify, and appease a child.

The parent/caregiver and child have a strong bond and the parent/caregiver is clear that the number one priority is the child.

This refers to a strong attachment that places a child's interest above all else.

- People who act on behalf of a child because of the closeness and identity the person feels for the child.
- People who order their lives according to what is best for their children because of the special connection and attachment that exists between them.

The parent/caregiver expresses love, empathy, and sensitivity toward the child.

This refers to active affection, compassion, warmth, and sympathy.

- People who relate to, can explain, and feel what a child feels, thinks and goes through.

Examples of Demonstrated Protectiveness

Judging whether a parent/caregiver is and will continue to be protective can be accomplished by examining specific attributes of the person as identified in the previous definitions and examples. Confirmation of how those attributes are evidenced in real life demonstration will provide confidence regarding the judgment that a parent/caregiver is and will continue to be protective in relation to threats to child safety. Here are examples of demonstrated protectiveness:

The parent/caregiver has demonstrated the ability to protect the child in the past while under similar or comparable circumstances and family conditions.

The parent/caregiver has made appropriate arrangements which have been confirmed to assure that the child is not left alone with the maltreating person. This may include having another adult present within the home that is aware of the protective concerns and is able to protect the child.

The parent/caregiver can specifically articulate a plan to protect the child.

The parent/caregiver believes the child's story concerning maltreatment or impending danger safety threats and is supportive of the child.

The parent/caregiver is intellectually, emotionally, and physically able to intervene to protect the child.

The parent/caregiver does not have significant individual needs which might affect the safety of the child, such as severe depression, lack of impulse control, medical needs, etc.

The parent/caregiver has adequate resources necessary to meet the child's basic needs which allows for sufficient independence from anyone that might be a threat to the child.

The parent/caregiver is capable of understanding the specific safety threat to the child and the need to protect.

The parent/caregiver has adequate knowledge and skill to fulfill parenting responsibilities and tasks that might be required related to protecting the child from the safety threat. This may involve considering the parent's/caregiver's ability to meet any exceptional needs that a child might have.

The parent/caregiver is cooperating with CPS' safety intervention efforts.

The parent/caregiver is emotionally able to carry out his or her own plan to provide protection and/or to intervene to protect the child; the parent/caregiver is not intimidated by or fearful of whomever might be a threat to the child.

The parent/caregiver displays concern for the child and the child's experience and is intent on emotionally protecting as well as physically protecting the child.

The parent/caregiver and the child have a strong bond and the parent/caregiver is clear that his/her number one priority is the safety of the child.

The non threatening parent/caregiver consistently expresses belief that the threatening parent/caregiver or person is in need of help and that he or she supports the threatening parent/caregiver getting help. This is the non threatening parent's/caregiver's point of view without being prompted by CPS.

While the parent/caregiver is having a difficult time believing the threatening parent/caregiver or person would severely harm the child, he or she describes and considers the child as believable and trustworthy.

The parent/caregiver does not place responsibility on the child for problems within the family or for impending danger safety threats that have been identified by CPS.

SAFETY APPENDIX 8

SAFETY PLAN INFORMATION

In-home Safety plan refers to safety management so that safety services, actions, and responses assure a child can be kept safe in his own home. In-home safety plans include activities and services that may occur within the home or outside the home, but contribute to the child remaining home. People participating in in-home safety plans may be responsible for what they do inside or outside the child's home. An in-home safety plan primarily involves the home setting and the child's location within the home as central to the safety plan, however, in-home safety plans can also include periods of separation of the child from the home and may even contain an out-of-home placement option such as on weekends (e.g. respite).

Out-of-home Safety plan refers to safety management that primarily depends on separation of a child from his home, separation from the safety threats, and separation from parents/caregivers who lack sufficient protective capacities to assure the child will be protected. Out-of-home safety plans can include safety services and actions in addition to separation or out-of-home placement. Out-of-home safety plans should always contain a family interaction plan based on the unique circumstances of each case. Out-of-home safety plans can contain some in-home safety management dimension to them. Out-of-home safety plans can include safety service providers and others concerned with safety management besides the out-of-home care providers.

Safety plans can involve in-home and out-of-home options combined in such a way to assure a child is protected. Depending on how safety threats are occurring within a family, separation may be necessary periodically, at certain times during a day or week or for blocks of time (e.g. day care, staying with grandma on weekends), or all the time until conditions for return home can be met. Therefore, when developing safety plans, CPS scrutinizes when separation is required to assure protection and if combinations of in-home and out-of-home management options may be sufficient to assure protection. Alternatively when CPS determines that only an out-of-home safety plan is appropriate (i.e., child is placed full time) consideration is also given to including in-home safety options/services to provide a bridge for working toward achieving conditions for return and reducing the amount of time that a child is in out-of-home placement.

SAFETY APPENDIX 9

SAFETY SERVICES INFORMATION

Safety Services refers to actions; items and resources provided, supervision identified as part of a safety plan occurring specifically for controlling or managing impending danger threats.

Safety Service Providers refers to anyone who participates as one responsible for safety management within a safety plan. Safety service providers can be professionals, para-professionals, lay persons, volunteers, neighbors or relatives.

Accessibility of Safety Service Providers refers to the extent to which those responsible for safety management are close enough with respect to time and proximity for timely involvement in a safety plan.

Availability of Safety Service Providers refers to whether those responsible for safety management within a safety plan exist in sufficient quantities under the circumstances prescribed by the safety plan.

SAFETY APPENDIX 10

In-home Safety Management Criteria

1. The parents/caregivers must be residing in the home that is an established residence.
2. The home environment must be calm and consistent enough so that safety actions, safety services, and safety service providers can be in the home and providers can be safe.
3. The parents/caregivers are willing:
 - a. to accept an in-home safety plan,
 - b. to allow safety services to be implemented within the home according to the safety plan, and
 - c. to be cooperative with those who are participating in carrying out the safety plan (i.e., safety service providers) within the home.

Criteria for a Sufficient In-Home Safety plan

1. Safety actions, safety services, and safety service providers must be immediately available and accessible.
2. The safety plan must be action oriented to control impending danger threats.
3. The actions and services included as part of a safety plan must have immediate impact with respect to controlling safety threats.
4. Safety plans cannot be based upon promissory commitments from parents/caregivers.

SAFETY APPENDIX 11


Out-of-home Safety Management Criteria

1. Safety threats, as analyzed, are so extreme or occurring within the family in such a way that prevents in-home safety management.
2. A child's behavior is so provocative or out-of-control that this prevents in-home safety management.
3. The nature of the home environment is so chaotic, unpredictable, or dangerous that it prevents in-home safety management.
4. The parents/caregivers are unwilling to accept an in-home option for the safety plan and are unwilling to accept available providers and other people, resources, or safety services.
5. The parents'/caregivers' willingness to accept an in-home option for the safety plan cannot be confirmed or relied upon.

STATE OF WISCONSIN
Department of Children and Families
Division of Safety and Permanence

DSP Memo Series 2011 - 07
June 28, 2011
Re: Modifications to the Child Protective
Services Safety Intervention
Standards

To: Area Administrators/ Human Services Area Coordinators
Bureau Directors
Child Placing Agency Directors
Child Welfare Agency Directors
County Departments of Community Programs Directors
County Departments of Developmental Disabilities
Services Directors
County Departments of Human Services Directors
County Departments of Social Services Directors
Indian Child Welfare Directors
Licensing Chiefs/Section Chiefs
Tribal Chairpersons/Human Services Facilitators

From: Fredi-Ellen Bove 
Administrator

Introduction

Wisconsin's child welfare practice has long included safety intervention as part of its system. The results of the continuous quality improvement process, however, reveal a need to refine this area of practice. This also mirrors a finding of the 2010 federal Child and Family Services Review. In response Wisconsin's Program Improvement Plan (PIP) includes an action step related to strengthening policy, practice, and training to provide more precision in safety assessment and planning.

To improve practice, the Division of Safety and Permanence received feedback from county child welfare professionals through regional roundtables as well as input from national child welfare professionals about the current Child Protective Services (CPS) Safety Intervention Standards. This resulted in changes to the danger threshold and the impending danger threats as a step in improving safety intervention.

Danger Threshold

The danger threshold is the point at which family functioning and associated parent or caregiver performance becomes perilous enough to become a threat to child safety. The danger threshold criteria includes family behaviors, conditions or situations that are observable, specific and valid; occurring in the presence of a vulnerable child; are out-of-control; are severe/extreme in nature; are imminent; and likely to produce severe harm.

A child is unsafe when an impending danger threat meets the threshold criteria. Therefore, the "safety threshold" has been changed to "danger threshold" since it more accurately depicts the family situation and conditions. Additionally, the severity definition has been edited to provide better guidance in safety decision-making.

Document Summary

This memo improves child welfare practice by revising the danger threshold and the impending danger threats used in safety assessment and practice. These changes are based on input from county child welfare staff and other stakeholders. Changes have been made to the eWiSACWIS system to reflect these changes.

Impending Danger

Impending danger is associated with a child living or being in a state of danger or in a position of continual danger. Unlike present danger where a child may be immediately hurt, impending danger threats may not exist at a particular moment or be an immediate concern. Impending danger threats are insidious but are not immediate, obvious, or active at the onset of CPS intervention.

Information is collected in six primary areas of family life (maltreatment, surrounding circumstances, child functioning, adult functioning, discipline, and parenting practices) in order to fully assess and evaluate the presence of impending danger threats and parent or caregiver protective capacities. Assessing these areas on an ongoing basis is an essential safety intervention responsibility for CPS.

A safety plan is implemented to immediately control impending danger threats and co-exists with an ongoing case plan. While a safety plan focuses solely on impending danger threats, a case plan addresses a wide range of family needs to be achieved over time.

The following diagram shows the relationship between the CPS assessment and impending danger threats:

<i>Assessment Question</i>	<i>Impending Danger Threat</i>
What is the extent of maltreatment? What are the circumstances that surround the maltreatment?	<ul style="list-style-type: none"> • One or both parents/caregivers intend(ed) to seriously hurt the child • Living arrangements seriously endanger the child's physical health.
How does the child function on a daily basis?	<ul style="list-style-type: none"> • The child is profoundly fearful of home situation or people in the home
How do the adults function on a daily basis?	<ul style="list-style-type: none"> • One or both parents'/caregivers' behavior is dangerously impulsive or they will not/cannot control their behavior. • One or both parents/caregivers are violent.
What are the general parenting practices? What are the disciplinary practices?	<ul style="list-style-type: none"> • The child has exceptional needs which the parents/caregivers cannot or will not meet. • No adult in the home will perform parental duties and responsibilities. • One or both parents/caregivers fear they will maltreat the child and/or request placement. • One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met. • One or both parents/caregivers have extremely negative perceptions of the child. • Family does not have or use resources necessary to assure the child's basic needs.

A significant change to the CPS Safety Intervention Standards is the modification of impending danger threats used currently in practice. This resulted in decreasing the number of threats from 17 to 11. The following 6 impending danger threats will no longer be used:

- **There is some indication that the parents/caregivers will flee.**
This is a present danger threat and informs the response time to a CPS report. Throughout the case process, CPS continues to gather and evaluate information to confirm that parents/caregivers are committed to the safety and/or case plan.
- **Child shows serious emotional effects of maltreatment and a lack of behavioral control.**
A child's lack of behavioral control identifies a potential or a continuing need for treatment for the child which is a case planning issue but does not require a safety management action to control impending danger.

- **Child shows serious physical effects of maltreatment.**
This is a present danger threat and informs the response time to a CPS report. This information may also indicate a continuing need for treatment for the child which is a case planning issue but does not require a safety management action to control impending danger.
- **Child is seen by either parent/caregiver as being responsible for the parents'/primary caregivers' problems.**
This information indicates a need for treatment for the parent/caregiver which is a case planning issue but does not require a safety management action to control impending danger.
- **The maltreating parent/caregiver exhibits no remorse or guilt.**
This information indicates a need for treatment for the parent/caregiver which is a case planning issue but does not require a safety management action to control impending danger.
- **One or both parents/caregivers have failed to benefit from previous professional help.**
This may be a predictor for case planning or treatment services but not for safety management actions used to control impending danger threats.

Other changes to the impending danger threats were made to improve or clarify wording or definitions. For example, the words "profoundly" and "or other people within the home" were added to the threat "Child is fearful of the home situation" and the definition was expanded to provide better guidance.

eWiSACWIS

Changes to eWiSACWIS were made to support the modifications to the CPS Safety Intervention Standards. These changes are highlighted below:

- The modified Safety Assessment questions (impending danger threats) will **only** be displayed on newly created pages. For example, if a base assessment page was created prior to the new release, but no Initial Assessment-Primary page was created; then the new Safety Assessment questions will be displayed. However, if the Initial Assessment-Primary was created in the old release, the previous safety questions will continue to be displayed.
- Safety Assessment questions will only copy over from documents with the new Safety questions. Therefore, if an Initial Assessment is completed with the previous Safety Assessment questions, that information will not copy over to the Family Assessment and Case Plan. All other narrative information will continue to copy over as it currently does in the system.

Ongoing technical assistance will be provided to counties through roundtable discussions at regional CPS supervisors meetings and training will be provided by the Wisconsin Child Welfare Professional Development System. This new policy and related changes in eWiSACWIS will become effective July 5, 2011.

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Attachment: [The Danger Threshold and Impending Danger Threats To Child Safety](#)

#memo/dsp/2011/Modifications to CPS Safety Standards.doc

THE DANGER THRESHOLD AND IMPENDING DANGER THREATS TO CHILD SAFETY

The definition for impending danger indicates that threats to child safety are family conditions that are *specific and observable*. A threat of impending danger is something CPS sees or learns about from credible sources. Family members and others who know a family can describe threats of impending danger. These dangerous family conditions can be observed, identified, and understood. If CPS cannot describe in detail a family condition or parent/caregiver behavior that is a threat to a child's safety that he or she has seen or been told about then that is an indication that it is not a threat of impending danger. Child vulnerability is always assessed and determined separate from identifying impending danger. If a case does not include a vulnerable child then safety is not an issue.

The **Danger Threshold** refers to the point at which family behaviors, conditions or situations rise to the level of directly threatening the safety of a child. The danger threshold is crossed when family behaviors, conditions or situations are manifested in such a way that they are beyond being just problems or risk influences and have become threatening to child safety. These family behaviors, conditions, or situations are active at a heightened degree, a greater level of intensity, and are judged to be out of the parent/caregiver or family's control thus having implications for dangerousness.

The danger threshold is the means by which a family condition can be judged or measured to determine if an impending danger threat exists. The danger threshold criteria includes: family behaviors, conditions or situations that are observable, specific and justifiable; occurring in the presence of a vulnerable child; are out-of-control; are severe/extreme in nature; are imminent; and likely to produce severe harm. The danger threshold includes only those family conditions that are judged to be out of a parents'/caregiver's control and out of the control of others within the family. This includes situations where the parent/caregiver is able to control conditions, behaviors, or situations but is unwilling or refuses to exert control.

Danger Threshold Definitions

- **Observable** refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen, identified and understood and are subject to being reported, named, and justified. The criterion "observable" does not include suspicion, intuitive feelings, difficulties in worker-family interaction, lack of cooperation, or difficulties in obtaining information.
- **Vulnerable Child** refers to a child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in

- **Out-of-Control** refers to family behavior, conditions or situations which are unrestrained resulting in an unpredictable and possibly chaotic family environment not subject to the influence, manipulation, or ability within the family's control. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system. The family cannot or will not control these dangerous behaviors, conditions or situations.
- **Imminent** refers to the belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks and will have an impact on the child within that timeframe. This is consistent with a degree of certainty or inevitability that danger and harm are possible, even likely, outcomes without intervention.
- **Severity** refers to the degree of harm that is possible or likely without intervention. As far as danger is concerned, the danger threshold is consistent with severe harm. Severe harm includes such effects as serious physical injury, disability, terror and extreme fear, impairment and death. The danger threshold is also in line with family conditions that reasonably could result in harsh and unacceptable pain and suffering for a vulnerable child. In judging whether a behavior or condition is a threat to safety, consider if the harm that is possible or likely within the next few weeks has potential for severe harm, even if it has not resulted in such harm in the past. In addition to this application in the threshold, the concept of severity can also be used to describe maltreatment that has occurred in the past.

Impending Danger Threats - Definitions and Examples

1. No adult in the home will perform parental duties and responsibilities.

This refers only to adults (not children) in a caregiving role. Duties and responsibilities related to the provision of food, clothing, shelter, and supervision are considered at a basic level.

This threat includes both behaviors and emotions illustrated in the following examples.

- Parent's/caregiver's physical or mental disability/incapacitation makes the person unable to provide basic care for the child.

- Parent/caregiver is or has been absent from the home for lengthy periods of time and no other adults are available to care for the child without CPS coordination.
- Parent/caregiver has abandoned the child.
- Parent/caregiver arranged care by an adult, but their whereabouts are unknown or they have not returned according to plan, and the current caregiver is asking for relief.
- Parent/caregiver does not respond to or ignores a child's basic needs.
- Parent/caregiver allows the child to wander in and out of the home or through the neighborhood without the necessary supervision.
- Parent/caregiver ignores or does not provide necessary, protective supervision and basic care appropriate to the age and capacity of the child.
- Parent/caregiver is unavailable to provide necessary protective supervision and basic care because of physical illness or incapacity.
- Parent/caregiver is or will be incarcerated thereby leaving the child without a responsible adult to provide care.
- Parent/caregiver allows other adults to improperly influence (drugs, alcohol, abusive behavior) the child.
- Child has been left with someone who does not know the parent/caregiver.

2. One or both parents/caregivers are violent.

Violence refers to aggression, fighting, brutality, cruelty and hostility. It may be regularly, generally or potentially active.

This threat includes both behaviors and emotions as illustrated in the following examples.

Domestic Violence:

- Parent/caregiver physically and/or verbally assaults their partner and the child witnesses the activity and is fearful for self and/or others.
- Parent/caregiver threatens, attacks, or injures both their partner and the child.
- Parent/caregiver threatens, attacks, or injures their partner and the child attempts or may attempt to intervene.
- Parent/caregiver threatens, attacks, or injures their partner and the child is harmed even though the child may not be the actual target of the violence.
- Parent/caregiver threatens to harm the child or withhold necessary care from the child in order to intimidate or control their partner.

General violence:

- Parent/caregiver whose behavior outside of the home (drugs, violence, aggressiveness, hostility, etc.) creates an environment within the home that could reasonably cause severe consequences to the child (e.g. drug parties, gangs, drive-by shootings).
- Parent/caregiver who is impulsive, explosive or out of control, having temper outbursts which result in violent physical actions (e.g. throwing things).

3. One or both parents'/caregivers' behavior is dangerously impulsive or they will not/cannot control their behavior.

This threat is about self-control (e.g. a person's ability to postpone or set aside needs, plan, be dependable, avoid destructive behavior, use good judgment, not act on impulses, exert energy and action or manage emotions. Parent's/caregiver's lack of self control places vulnerable children in jeopardy. This threat includes parents/caregivers who are incapacitated or not controlling their behavior because of mental health or substance abuse issues).

Poor impulse control or lack of self-control includes behaviors other than aggression and can lead to severe consequence to a child.

- Parent/caregiver is seriously depressed and functionally unable to meet the child's basic needs
- Parent/caregiver is chemically dependent and unable to control the dependency's effects.
- Substance abuse renders the parent/caregiver incapable of routinely/consistently attending to child's basic needs.
- Parent/caregiver makes impulsive decisions and plans that leave the child in precarious situations (e.g. unsupervised, supervised by an unreliable person).
- Parent/caregiver spends money impulsively resulting in a lack of basic necessities.
- Parent/caregiver is emotionally immobilized (chronically or situational) and cannot control behavior.
- Parent/caregiver has addictive patterns or behaviors (e.g. addiction to substances, gambling, computers) that are uncontrolled and leave the child in potentially severe situations (e.g. failure to supervise or provide other basic care)
- Parent/caregiver is delusional or experiencing hallucinations.
- Parent/caregiver cannot control sexual impulses (e.g. sexual activity with or in front of the child).

4. One or both parents/caregivers have extremely negative perceptions of the child.

“Extremely” means a negative perception that is so exaggerated that an out-of-control response by the parent/caregiver is likely and will have severe consequences for the child.

This threat is illustrated by the following examples.

- Child is perceived to be evil, deficient, or embarrassing.
- Child is perceived as having the same characteristics as someone the parent/caregiver hates or is fearful of or hostile towards, and the parent/caregiver transfers feelings and perceptions to the child.

- Child is considered to be punishing or torturing the parent/caregiver (e.g., responsible for difficulties in parent's/caregiver's life, limitations to their freedom, conflicts, losses, financial or other burdens).
- One parent/caregiver is jealous of the child and believes the child is a detriment or threat to the parent's/caregiver's intimate relationship and/or other parent.
- Parent/ caregiver see the child as an undesirable extension of self and views the child with some sense of purging or punishing.

5. Family does not have or use resources necessary to assure the child's basic needs.

“Basic needs” refers to family's lack of 1) minimal resources to provide shelter, food, and clothing or 2) the capacity to use resources for basic needs, even when available.

This threat is illustrated in the following examples.

- Family has insufficient money to provide basic and protective care.
- Family has insufficient food, clothing, or shelter for basic needs of the child.
- Family finances are insufficient to support needs that, if unmet, could result in severe consequences to the child.
- Parent/caregiver lacks life management skills to properly use resources when they are available.
- Family is routinely using their resources for things (e.g. drugs) other than for basic care and support thereby leaving them without their basic needs being adequately met.

6. One or both parents/caregivers fear they will maltreat the child and/or request placement.

This refers to caregivers who express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a parent's distraught/extreme “call for help.” A request for placement is extreme evidence with respect to a caregiver's conclusion that the child can only be safe if he or she is away from the caregiver.

This threat is illustrated in the following examples.

- Parent/caregiver states they will maltreat.
- Parent/caregiver describes conditions and situations that stimulate them to think about maltreating the child.
- Parent/caregiver talks about being worried about, fearful of, or preoccupied with maltreating the child.
- Parent/caregiver identifies things that the child does that aggravate or annoy them in ways that makes them want to attack the child.
- Parent/caregiver describes disciplinary incidents that have become out-of-control.

- Parent/caregiver is distressed or "at the end of their rope" and are asking for relief in either specific ("take the child") or general ("please help me before something awful happens") terms.
- One parent/caregiver is expressing concerns about what the other parent/caregiver is capable of or may be doing.

7. One or both parents/caregivers intend(ed) to seriously hurt the child.

Parents/caregivers anticipate acting in a way that will assure pain and suffering. "Intended" means that before or during the time the child was harmed, the parent's/caregiver's conscious purpose was to hurt the child. This threat is distinguished from an incident in which the parent/caregiver meant to discipline or punish the child and the child was inadvertently hurt.

"Seriously" refers to causing the child to suffer physically or emotionally. Parent/caregiver action is more about causing a child pain than about a consequence needed to teach a child.

This threat includes both behaviors and emotions as illustrated in the following examples.

- The incident was planned or had an element of premeditation.
- The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g. cigarette burns).
- Parent's/caregiver's motivation to teach or discipline seems secondary to inflicting pain or injury.
- Parent/caregiver can reasonably be assumed to have had some awareness of what the result would be prior to the incident.
- Parent's/caregiver's actions were not impulsive, there was sufficient time and deliberation to assure that the actions hurt the child.

8. One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met.

This refers to basic parenting that directly affects meeting the child's needs for food, clothing, shelter, and required level of supervision. The inability and/or unwillingness to meet basic needs create a concern for immediate and severe consequences for a vulnerable child.

This threat is illustrated in the following examples.

- Parent's/caregiver's intellectual capacities affect judgment and/or knowledge in ways that prevent the provision of adequate basic care.
- Young or intellectually limited parents/primary caregivers have little or no knowledge of a child's needs and capacity.

- Parent's/caregiver's expectations of the child far exceed the child's capacity thereby placing the child in situations that could result in severe consequences.
- Parent/caregiver does not know what basic care is or how to provide it (e.g., how to feed or diaper; how to protect or supervise according to the child's age).
- Parent's/caregiver's parenting skills are exceeded by a child's special needs and demands in ways that will result in severe consequences to the child.
- Parent's/caregiver's knowledge and skills are adequate for some children's ages and development, but not for others (e.g., able to care for an infant, but cannot control a toddler).
- Parent/caregiver is averse to parenting and does not provide basic needs.
- Parent/caregiver avoids parenting and basic care responsibilities.
- Parent/caregiver allows others to parent or provide care to the child without concern for the other person's ability or capacity.
- Parent/caregiver does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects, or household cleaners out of reach of small children).
- Parents/caregivers place their own needs above the child's needs that could result in severe consequences to the child.
- Parents/caregivers do not believe the child's disclosure of abuse/neglect even when there is a preponderance of evidence and this has or will result in severe consequences to the child.

9. The child has exceptional needs which the parents/caregivers cannot or will not meet.

“Exceptional” refers to specific child conditions (e.g., developmental disability, blindness, physical disability, special medical needs). This threat is present when parents/caregivers, by not addressing the child's exceptional needs, create an immediate concern for severe consequences to the child.

This does not refer to parents/caregivers who do not do particularly well at meeting the child's special needs, but the consequences are relatively mild. Rather, this refers to specific capacities/skills/intentions in parenting that must occur and are required for the “exceptional” child not to suffer serious consequences.

This threat exists, for example, when the child has a physical or other exceptional need or condition that, if unattended, will result in imminent and severe consequences and one of the following applies:

- Parent/caregiver does not recognize the condition or exceptional need.
- Parent/caregiver views the condition as less serious than it is.
- Parent/caregiver refuses to address the condition for religious or other reasons.
- Parent/caregiver lacks the capacity to fully understand the condition which results in severe consequences for the child.

- Parent's/caregiver's expectations of the child are totally unrealistic in view of the child's condition.
- Parent/caregiver allows the child to live or be placed in situations in which harm is increased by virtue of the child's condition.

10. Living arrangements seriously endanger the child's physical health.

This threat refers to conditions in the home that are immediately life-threatening or seriously endanger the child's physical health (e.g., people discharging firearms without regard to who might be harmed; the lack of hygiene is so dramatic as to potentially cause serious illness). Physical health includes serious injuries that could occur because of the condition of the living arrangement.

This threat is illustrated in the following examples.

- Housing is unsanitary, filthy, infested, a health hazard.
- The house's physical structure is decaying, falling down.
- Wiring and plumbing in the house are substandard, exposed.
- Furnishings or appliances are hazardous.
- Heating, fireplaces, stoves, are hazardous and accessible.
- The home has easily accessible open windows or balconies in upper stories.
- The family home is being used for methamphetamine production; products and materials used in the production of methamphetamine are being stored and are accessible within the home.
- Occupants in the home, activity within the home, or traffic in and out of the home present a specific threat to the child that could result in severe consequences to the child.
- People who are under the influence of substances that can result in violent, sexual, or aggressive behavior are routinely in the home or have frequent access

11. The child is profoundly fearful of the home situation or people within the home.

"Home situation" includes specific family members and/or other conditions in the living arrangement. "People in the home" refers to those who either live in the home or frequent the home so often that a child routinely and reasonably expects that the person may be there or show up.

The child's fear must be obvious, extreme, and related to some perceived danger that the child feels or experiences. This threat can also be present for a child who does not verbally express fear but their behavior and emotion clearly and vividly demonstrate fear.

This threat is illustrated in the following examples.

- Child demonstrates emotional and/or physical responses indicating fear of the living situation or of people within the home (e.g., crying, inability to focus, nervousness, withdrawal, running away).
- Child expresses fear and describes people and circumstances which are reasonably threatening.
- Child recounts previous experiences which form the basis for fear.
- Child's fearful response escalates at the mention of home, specific people, or specific circumstances associated with reported incidents.
- Child describes personal threats which seem reasonable and believable.

Transfer of Learning Principles

	Before Learning	During Learning	After Learning
Supervisors	<ul style="list-style-type: none"> • Understand the performance need • Participate in any additional assessments required for training • Influence selection of learners • Communicate with trainers about the learning intervention • Help learners create a preliminary action plan • Support and encourage learners 	<ul style="list-style-type: none"> • Participate in or observe training • Protect learners from interruptions • Plan post-training debriefing • Provide supplies and space • Schedule opportunities for learners to practice 	<ul style="list-style-type: none"> • Monitor progress of action plans with learners and revise as needed • Conduct post training debriefing with learners and co-workers • Be a coach and a role model-provide encouragement and feedback • Evaluate learners performance • Stay in contact with trainers
Trainers	<ul style="list-style-type: none"> • Validate and supplement the results of the performance needs assessment • Use instructional design and learning principles to develop or adapt the course • Send the course syllabus, objectives and pre-course learning activities in advance 	<ul style="list-style-type: none"> • Provide work related exercises and appropriate job aids • Give immediate and clear feedback • Help learners develop realistic action plans • Conduct training evaluations 	<ul style="list-style-type: none"> • Conduct follow up activities in a timely manner • Help strengthen supervisors' skills • Facilitate review of action plans with supervisors and learners • Maintain communication with supervisors and learners
Learners	<ul style="list-style-type: none"> • Participate in needs assessments and planning • Review course objectives and expectations • Prepare preliminary action plans • Begin establishing a support network • Complete pre-course learning activities 	<ul style="list-style-type: none"> • Participate actively in the course • Develop realistic action plans for transferring learning 	<ul style="list-style-type: none"> • Meet with supervisor to review action plan • Apply new skills and implement action plan • Use job aids • Network with other trainers and learners for support • Monitor your own performance
Others	<ul style="list-style-type: none"> • Participate in needs assessments and discussions of the trainings intended impact • Ask learners to bring back key learning points to share with the work group 	<ul style="list-style-type: none"> • Complete learners' reassigned work duties • Participate in learning exercises at the request of learners 	<ul style="list-style-type: none"> • Be supportive of learners accomplishments

N.E.W. Partnership for Children and Families

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POST TRAINING ACTION PLAN

Training Title: _____	Date of Training: _____
Name of Participant: _____	
Name of County/Tribe: _____	
Supervisor: _____	
Supervisor Email: _____	

Please list three important concepts, ideas, or skills which you plan to take from the training and implement in your work.

1.
2.
3.

Please describe how you would apply and/or modify a concept presented in this training in order to apply it to diverse client groups.

Please identify a plan that you will implement upon return to your agency to implement these concepts.

Please identify resources that will help you implement this plan.

Please identify any barriers to the implementation of this plan.

Please keep the white copy of this action plan for your records. The yellow copy will be sent to your immediate supervisor to assist in the transfer of learning process within your agency.

Greetings!

A staff person (or persons) under your supervision recently completed the Engaging to Build Trusting Relationships training on 3/16-18/2010 in Green Bay:

Memorandum

TO: Child Welfare Supervisors

FROM: Kristin Lampe, Training Specialist

RE: **Engaging to Build Trusting Relationships
Post-Training Follow-Up**

A worker in your unit recently completed Engaging to Build Trusting Relationships training. It is extremely important to put into practice what one learns in the training environment through transfer of learning activities. This particular training emphasizes skill based practice while working to engage with families.

If we have a copy of your worker's individual post training action plan on file, you should have received (or will soon receive) a carbon copy of your worker's individual action plan following Engaging training. This plan focuses on how the worker will implement the training acquired into their daily practice. We suggest that you utilize this action plan in a post training conference, supervisory review, or unit meeting.

In order to support you in your role as teacher and coach, we are supplying a list of discussion questions that build upon the foundation of awareness, knowledge and skill from Engaging to Build Trusting Relationships training:

- Ask the worker to explain the importance of recognizing the culture of each individual family and how understanding the role of values and codes of conduct can assist in the engaging process.
- Ask the worker to define the core conditions of a trusting relationship.
- Ask the worker to identify and explain the multiple skills contained in the exploring and focusing engagement skills (see handout sent).
- Ask the worker to explain the optimum distribution of skills and how this is utilized in the engaging process
- Ask the worker to demonstrate three techniques for learning and expressing the family perspective
- Ask the worker how he/she will operationalize strengths identified in assessments

- Ask the worker to describe the dual focus of child welfare work: addressing needs and identifying strengths
- Ask the worker to discuss the six types of solution focused questions and how they will incorporate these in their work
- Ask the worker to describe Prochaska and DiClemente's stages of change model and how this approach can decrease resistance and assist in engaging families.
- Ask the worker to discuss how he/she plans to incorporate engaging skills into everyday practice with families.

Of course, I understand that it is always a difficult task to find time for transfer of learning in your supervisory sessions, but hopefully this will assist when you have the opportunity.

Please feel free to contact me if you have any questions. My office number is (920) 465-2960 (920) 465-2960 , or you may email me at: lampek@uwgb.edu

Suggested Foundation Training Plan for _____

Administrative rule, Ch. HFS 43, Training for Child Protective Services Caseworkers and Supervisors, took effect on February 1, 2008. This training rule outlined training requirements for pre-service, foundation and ongoing training. This document was designed to assist supervisors in determining the appropriate sequence of foundation training sessions (based upon the pre-requisites, the current NEW Partnership training calendar, and the hire date of the new worker). It is meant only to assist in agency training planning efforts. Newly hired child welfare staff members have 2 years from the date of hire to complete 15 days of Foundation Training.

Four of the Foundation Training sessions are required for child welfare staff members who have access, initial assessment, and ongoing CPS job responsibilities: Engaging to Build Trusting Relationships, Interviewing in Child Welfare, Safety, and Case Practice with American Indian Tribes. Three of these four courses serve as pre-requisites for some of the menu option training sessions listed below.

The remainder of the Foundation Training sessions are selected for new child welfare staff based upon consultation with their supervisor, their job functions, and their individual practice skills and development needs. The remainder of the menu option Foundation Training sessions include: Access; Initial Assessment; Effects of Maltreatment on Child Development; Separation, Placement, and Permanency; Professionalism in Child Welfare; Collaborative Teaming in Human Services (training in conjunction with the Behavioral Health Training Partnership – please see the training description for details); and Legal Aspects of Child Welfare Services (entirely web-based).

Hire Date: _____

Required Foundation Training Sessions:

- Safety – February 1-2, 2011 (Green Bay)
- Safety – August 10-11, 2011 (Wausau)
- Engaging to Build Trusting Relationships – March 16-18, 2011 (Green Bay)
- Engaging to Build Trusting Relationships – September 13-15, 2011 (Wausau)
- Interviewing in Child Welfare* – April 12-14, 2011 (Green Bay)
- Interviewing in Child Welfare* – October 4-6, 2011 (Wausau)
- Case Practice with American Indian Tribes – various dates and locations across Wisconsin – visit the Intertribal Child Welfare Training Partnership website at www.uwgb.edu/icwtp to obtain (1) a statewide listing of training dates and locations and (2) registration information and forms

Menu Option Foundation Training Sessions:

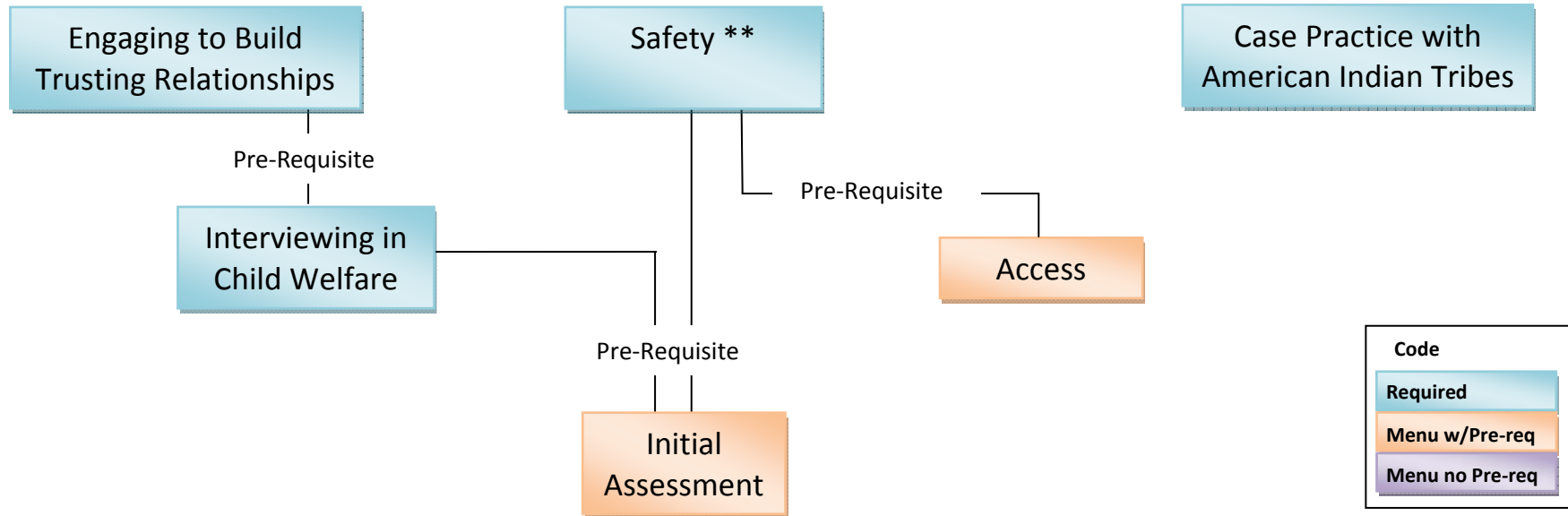
Note: Many of the Menu Option Foundation Training sessions have pre-requisites; see attached chart for specific information about courses with pre-requisites. The suggested sessions that are checked below with an asterisk * are based upon new workers completing the above required Foundation Training sessions prior to competing the Menu Foundation Training sessions.

- Effects of Maltreatment on Child Development – May 17-18, 2011 (Green Bay)
- Separation, Placement and Permanency – June 21-23, 2011 (Green Bay)
- Access* – September 27, 2011 (Green Bay/Wood County Videoconference)
- Professionalism in Child Welfare – July 28, 2011 (Green Bay/Wood County Videoconference)
- Initial Assessment* – November 2-4, 2011 (Green Bay)
- Collaborative Teaming in Human Services – April 27-29, 2011 (Shawano)
- Collaborative Teaming in Human Services – October 18-20, 2011 (Appleton)
- Legal Affairs – (web-based)

*=pre-requisite required for this training session; see attached chart or NEW Partnership website for specific details

REGISTER FOR TRAINING AT <http://www.uwgb.edu/newpart>

Foundation Training



** Web based pre-training activities required

LEARNING PREFERENCES: DESCRIPTIONS

SENSOR

Sensors involve themselves fully and without bias in new experiences. They enjoy the here and now and are happy to be dominated by immediate experiences. They are open minded, not skeptical, and this tends to make them enthusiastic about anything new. Their philosophy is: "I'll try anything once." They tend to act first and consider the consequences later. Their days are filled with activity. They tackle problems by brainstorming. As soon as the excitement of the activity dies down, they are busy looking for the next. They tend to thrive on the challenge of new experiences but are bored with implementation and longer term consolidation. They are gregarious people, constantly involving themselves with others, but in doing so, they seek to center activities around themselves.

REFLECTOR

Reflectors tend to stand back to ponder experiences and observe them from many different perspectives. They collect data, both first hand and from others, and prefer to think about it thoroughly before coming to any conclusions. The thorough collection of data about experiences and events are what count, so they tend to postpone reaching definitive conclusions as long as possible. Their philosophy is to be cautious. They are thoughtful people who like to consider all possible angles and implications before making a move. They prefer to take a back seat in meetings and discussions. They enjoy observing other people in action. When they act, it is part of a larger picture which includes the past as well as the present and includes others' observations as well as their own.

THINKER

Thinkers adapt and integrate observations into complex but logically sound theories. They think problems through in a vertical, step-by-step, logical way. They assimilate disparate facts into coherent theories. They tend to be perfectionists who will not rest easily until things are tidy and fit into a rational scheme. They like to analyze and synthesize. Their philosophy values rationality and logic. They frequently ask: "Does it make sense?" "What are the basic assumptions?" They tend to be detached, analytical and dedicated to objectivity rather than anything subjective or ambiguous. Their approach to problems is consistently logical. They rigidly reject anything that does not fit with it. They prefer maximum certainty and feel uncomfortable with subjective judgments, lateral thinking, and anything said in a joking manner.

ACTOR

Actors are interested in trying out ideas, theories, and techniques to see if they work in practice. They positively search out new ideas and take the first opportunity to experiment with applications. They are the people who return from management courses, brimming with new ideas they want to try out in practice. They like to get on with things and act quickly and confidently on ideas that attract them. They tend to be impatient with open-ended conversations. They are essentially practical, down-to-earth people who like to making practical decisions and solving problems. They respond to challenges as opportunities. Their philosophy is: "There is always a better way, and if it works, it's good."

LEARNING PREFERENCES: SELF-DEVELOPMENT ACTIVITIES

SENSOR:

Do something you have never done before, at least once a week. Read an unfamiliar newspaper with views that are different from yours. Change the layout of the furniture in your office. Visit a part of your organization you have neglected.

Practice "small talk" with strangers. Select people at random from your organization's phone book and talk to them. At large gatherings, force yourself to initiate and sustain conversations with everyone present.

Deliberately fragment your day by taking a break and changing activities every half hour. Make the switch as diverse as possible. If you have been sitting down, stand up; if talking, be quiet and so on.

Force yourself into the limelight. Volunteer to chair a meeting, represent your group, etc. Practice thinking out loud on your feet. Identify a problem, and bounce ideas off a colleague. Give impromptu speeches that last for five minutes.

REFLECTOR:

Practice observing, especially at meetings where the agenda items don't involve you directly. Study people's behavior. Keep records about who talks, who interrupts, who listens. Notice when people lean forward and lean back. Notice the details of their non-verbal speech.

Keep a diary and write down details of your day at the evening of each day. Reflect on the day's events and try to draw any conclusions from them. Write your conclusions down in detail. Practice reviewing after a meeting. Go back over the sequence of events and note what went well and what didn't. List lessons learned from this activity.

Give yourself something to research that requires painstaking gathering of details from different sources. Go to the library and spend time in the reference section. Practice producing highly polished pieces of writing. Draft watertight policy statements or procedures.

When you have written something, put it aside for a week and force yourself to do a substantial rewrite. Draw up lists for and against a particular course of action. Slow people down who want to rush into action.

THINKER:

Read something "heavy" for at least thirty minutes a day. Try philosophy; logic, or the theory of relativity. Try a textbook on management if these seem too tall an order. Try to summarize what you read in your own words.

Practice spotting inconsistencies or weaknesses in other people's arguments. Analyze organizational charts to discover overlaps and conflicts. Take two op-ed pieces of different views and do a comparative analysis.

Do a detailed analysis of how you spend your time each day for a week. Examine work flow in and out of your department, or all the people you have had contact with and with what frequency in the course of your work.

Collect other peoples' theories, hypotheses, and explanations of events. Try to understand the underlying assumptions of each theory and see if you can group similar theories together. Practice asking probing questions -refuse to be put off by vague answers.

ACTOR:

Collect techniques - practical ways of doing things. In meetings of any kind, concentrate on producing action plans. Make it a rule never to leave a meeting without a list of actions you and others will take between meetings. The actions should be specific and include deadlines and who is responsible for assuring the action is taken.

Make opportunities to experiment with new techniques. Try them out in practice. Experiment in routine settings with people whose aid you can enlist -don't take too big of a risk with this. Study the techniques of others and model yourself after them.

Subject yourself to scrutiny from "expert" people you trust who know your technique. Let them coach you through the use of the technique. Ask repeatedly for feedback on the use of the technique.

Tackle a "do-it-yourself" project. Renovate a piece of furniture, build a garden shed, or an extension on your house. At work, calculate your own statistics, be your own organizational development consultant, visit with others in search of a practical solution to a work problem. Learn to type or learn a foreign language.



State of Wisconsin
Department of Children and Families
Division of Safety and Permanence

WISCONSIN INDIAN CHILD WELFARE ACT DESK AID

Fundamentals of Implementation

The State of Wisconsin codified the Federal Indian Child Welfare Act into Chapters 48 and 938 in 2009. The following information provides a basic guideline for implementation of the Wisconsin Indian Child Welfare Act (WICWA).

What is ICWA?

ICWA is the federal Indian Child Welfare Act of 1978 (Public Law 95-608). The Act seeks to protect the best interests of Indian children and to promote the stability and security of Indian tribes and families.

What is WICWA?

WICWA is the Wisconsin version of ICWA as codified into Wisconsin statutes. 2009 Wisconsin Act 94, which was the codification, was signed by Gov. Jim Doyle on December 7, 2009 and became effective on December 22, 2009. The Wisconsin law essentially mirrors the ICWA and implements the minimum standards referenced in ICWA.

Who is an Indian child?

An Indian child is a person under the age of 18 who is affiliated with an Indian tribe as

- 1) a member of the tribe or
- 2) a person who is eligible for membership in an Indian tribe and who is the biological child of a member of an Indian tribe.

The tribe in which the child is a member or eligible for membership need not be the same tribe in which the parent is a member. [Ref. s. 48.02(8g); s. 938.02(8g)]

What is a “child custody proceeding?”

A child custody proceeding means any proceeding under Ch. 48 (i.e., CHIPS) and certain proceedings under Ch. 938 (i.e., JIPS) which could result in the out-of-home care or adoptive placement of an Indian child or termination of the parental rights to the Indian child. A child custody proceeding does **not** include a family proceeding under Ch. 767 (e.g., divorce proceedings) or actions related to delinquency acts under Ch. 938. [Ref. s. 48.028(2)(d); s. 938.028(2)(b)]

Does WICWA apply to Ch. 938 cases?

It does apply to certain JIPS cases under s. 938.13. Specifically, WICWA applies to juvenile custody proceedings for juveniles who are:

- o Uncontrollable (s. 938.13(4))
- o Habitually truant (s. 938.13(6))
- o School dropouts (s. 938.13(6m))
- o Habitual runaways (s. 938.13(7))

[Ref. s. 938.028(2)(b)]

What resources are available for me to implement the Wisconsin Indian Child Welfare Act?

- 1) **Section 48.028 – WICWA**
- 2) **DCF Website – Tribal Affairs**
<http://dcf.wisconsin.gov/children/icw/index.htm>
- 3) **DCF – Website Q & A**
<http://dcf.wisconsin.gov/children/icw/statsadmin/pdf/faq.pdf>

Wisconsin Indian Child Welfare Desk Aid was created to assist in implementing the basic provisions of WICWA. Please refer to the above references for detailed compliance language. This product is not intended to replace or minimize WICWA processes or requirements. Please contact the DCF Indian Child Welfare Consultant for questions at 608.266.5330.

Access

§ 48.981(3)(bm)

When a county department in which a tribe is wholly or partially located receives a CPS report of an unborn child and has reason to know that the child is an Indian child, the department shall provide notice within 24 hours of the report to the tribal agent, consisting of the name and address of the Indian child or expectant mother and that a report has been received. **Best Practice: Apply standard to all Wisconsin Tribes.**

Emergency Removal

25 USC §1922

§ 48.028(3)(b)2.

The federal and state law permit an agency to remove an Indian child in order to prevent imminent physical harm or damage to the Indian child. When a removal or placement is no longer necessary to prevent imminent physical harm or damage to the child: a) the agency shall expeditiously initiate a child custody proceeding; b) transfer the child to the jurisdiction of the appropriate tribe; or c) return the child to the parent, as may be appropriate. State law requires a hearing within 48 hours of the emergency removal of the child to determine continued custody of the child. **Best Practice: If the agency knows this child is an Indian child and member of a tribe or eligible for membership, fax an informational notice containing name of the child, court jurisdiction and time/date of the Temporary Physical Custody hearing as soon as possible. Notice under the federal or state law is not required at this point. Placement preferences should be followed in an emergency placement.**

BEGIN WICWA REQUIREMENTS

Initial Assessment

In order for the agency to determine whether WICWA applies to an Indian child, it must be confirmed whether the child is a member or eligible for membership in a tribe. The eWiSACWIS WICWA site contains the following forms that should be utilized in determining if WICWA apply: 1) DCF-F-CFS2322-E – Screening for Child’s Status as Indian; 2) DCF-F-CFS2323 – Child’s Biological Family History; and 3) DCF-F-CFS2016-E – Request for Confirmation of Child’s Indian Status. These forms are sent to the tribal contact via first class mail. The Wisconsin tribal contacts are located on the last page of this Desk Aid; other tribes can be found at <http://www.gpo.gov/fdsys/pkg/FR-2010-05-19/pdf/2010-11696.pdf>. If you do not know the name of the child’s tribe, send the information request forms to the Midwest BIA Regional Office, or if the tribe is not a Midwest tribe, send to the appropriate BIA Regional Office located at the aforementioned site. **Best Practice: Ask if the child, parent, grandparents are “Indian.” As the case moves forward, follow placement preferences and provide active efforts.**

Ongoing

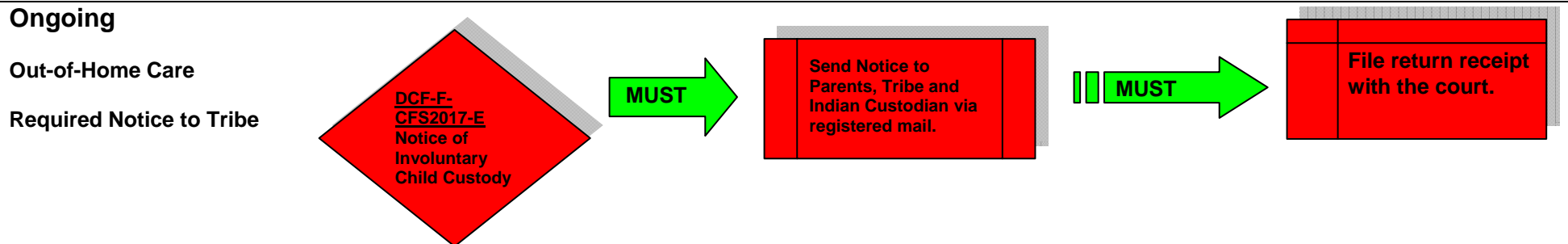
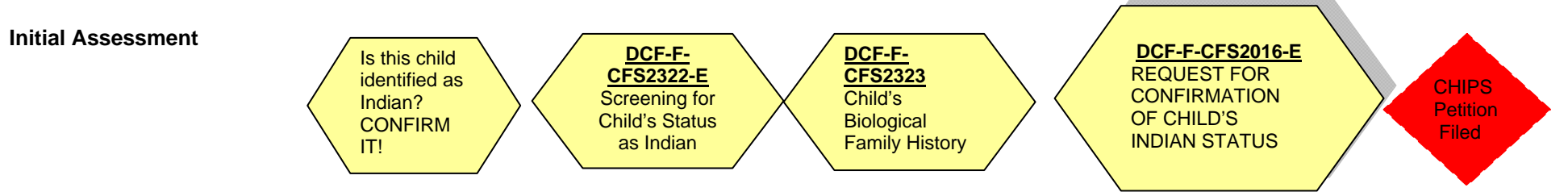
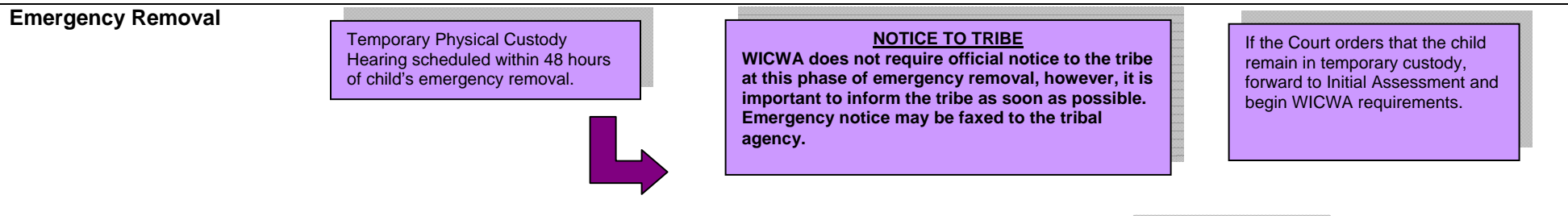
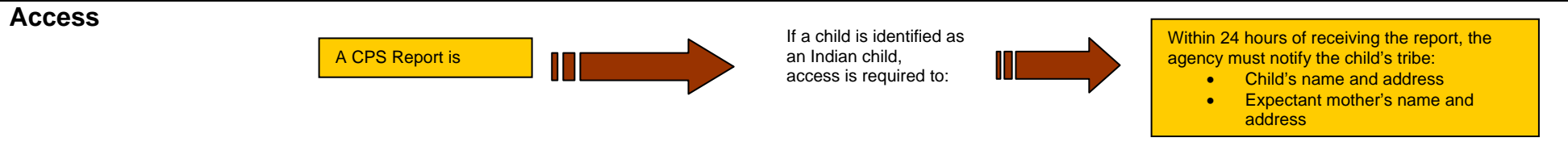
§ 48.028(4)(a), (4)(g), (7)(b), (7)(c)

25 USC § 1912, 1915

- 1) Prior to the first hearing in a child custody proceeding involving an Indian child, the agency shall notify the tribe. Use eWiSACWIS form DCF-F-CFS2017-E, **Notice of Involuntary Child Custody Proceeding of an Indian Child**. Send the form to the appropriate tribe(s) via registered mail with return receipt requested. The return receipt must be filed with the court.
- 2) When it is determined that an Indian child will remain in custody, the agency must initiate **placement preferences** of WICWA.
 - a) Home of an extended family member
 - b) A foster home or treatment foster home licensed, approved or specified by the Indian child’s tribe
 - c) Indian foster home or treatment foster home licensed or approved by the department, a county department, or a child welfare agency
 - d) A group home or residential care center for children and youth approved by an Indian tribe or operated by an Indian organization
- 3) If the Indian child’s tribe has established an order of preference, the order of preference established by that tribe shall be followed.
- 4) Once the Indian child is referred to activities in ongoing services, the agency must begin **Active Efforts** as defined in WICWA.
 - a) Request tribal agency to assist in evaluating the case
 - b) Representatives of child’s tribe were invited to participate in custody proceeding at earliest point
 - c) Extended family members notified and consulted to provide structure and support
 - d) Provide family interaction
 - e) All available family preservation strategies were offered or employed
 - f) Community resources were offered and actively assisted in accessing those resources
 - g) Monitoring progress and client participation in services was provided
 - h) Alternative ways of addressing the needs were provided if services did not exist or not available to the family

Concurrent Planning Collaborate and consult with the tribal agency to pursue permanency and tribal permanency options.

TPR Re-initiate formal Notice to the tribe and follow WICWA requirements for Termination of Parental Rights.









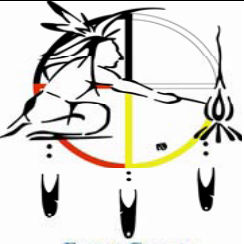




Circuit Court Determinations:

In CHIPS and JIPS cases, the court or jury must find by clear and convincing evidence, including the testimony of a qualified expert witness (QEW), that continued custody of the Indian child is likely to result in serious emotional or physical damage to the child. § 48.028(4)(d)1. In TPR cases, the standard is beyond a reasonable doubt.

The court or jury must find by clear and convincing evidence that active efforts have been made to provide remedial services and rehabilitation programs designed to prevent the breakup of the Indian child's family and that those efforts have proved unsuccessful. § 48.028(4)(d)2.

Wisconsin Tribal Contacts

 <p>Bad River ICW Director P.O. Box 55 Odanah, WI 54861 715.682.7127 Fax: 715.682.7883 socserdirector@badriver.com</p>	 <p>Oneida Nation ICW Director P.O. Box 365 Oneida, WI 54155 920.490.3701 Fax: 920.490.3820 rthousey@oneidanation.org</p>
 <p>Lac du Flambeau ICW Director P.O. Box 189 Lac du Flambeau, WI 54538 715.588.1511 Fax: 715.588.3903 Kallen@nnex.net</p>	 <p>St. Croix Chippewa ICW Director 24663 Angeline Avenue Webster, WI 54893 715.349.2195 Fax: 715.349.8665 heatherh@stcroixtribalcenter.com</p>
 <p>Sokaogon (Mole Lake) ICW Director 3051 Sand Lake Road Crandon, WI 54520 715.478.2520 Fax: 715.478.7674 Petca_98@yahoo.com</p>	 <p>Red Cliff Chippewa ICW Director 88385 Pike Road Bayfield, WI 54814 715.779.3747 Fax: 715.779.3141 Susie.crazythunder@mail.redcliff-nsn.gov</p>
 <p>Menominee Nation ICW Director P.O. Box 520 Keshena, WI 54135-0910 715.799.5161 Fax: 715.799.6061 mhusby@mitw.org</p>	 <p>Ho-Chunk Nation ICW Director P.O. Box 40 Black River Falls, WI 54615 715.284.2622 Fax: 715.284.9486 Valerie.blackdeer@ho-chunk.com</p>
 <p>Forest County Potawatomi ICW Director P.O. Box 340 Crandon, WI 54520 715.478.4816 Fax: 715.478.7442 vickiev@fcpotawatomi.com</p> <p style="text-align: center;">Forest County Potawatomi Community</p>	 <p>Stockbridge-Munsee ICW Director W12802 County Road A Bowler, WI 54416 715.793.4580 Fax: 715.793.1312 Stephanie.bowman@mohican.com</p>
 <p>Lac Courte Oreilles ICW Director 13394 W. Trepania Road Hayward, WI 54843-2186 715.634.8934 Fax: 715.634.2981 lcoicw@yahoo.com</p> <p style="text-align: center;"><i>Pride of the Ojibwa</i></p>	<p>Bureau of Indian Affairs ICWA Notice – Midwest Region One Federal Drive, Room 550 Fort Snelling, Minnesota 55111-4007 612.725.4571 Fax: 612.713.4439 Valerie.Vasquez@bia.gov</p>

DCF is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact the Division of Safety and Permanence at 608.266.8787.

Demonstrating Active Efforts under WICWA

Active efforts

- Before a foster care placement or a termination of parental rights may be effectuated for an Indian child, the court must determine that active efforts have been made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family and that these efforts have proved unsuccessful.
- Active efforts is a higher standard than reasonable efforts.
- Active efforts requires an ongoing, vigorous, and concerted level of case work that takes into account the prevailing social and cultural values, conditions, and way of life of the Indian child's tribe and that utilizes the available resources of the Indian child's tribe, tribal and other Indian child welfare agencies, extended family members of the Indian child, other individual Indian caregivers, and other culturally appropriate services providers.
- Active efforts and the unsuccessful results of those efforts must be documented before the court may order an out-of-home care placement or a termination of parental rights.
- In determining whether active efforts were made to prevent the breakup of the Indian family, the court must determine whether the agency conducted the following, as per s. 48.028(4)(g) and 938.028(4)(f):
 - Representatives designated by the Indian child's (juvenile's) tribe with substantial knowledge of the prevailing social and cultural standards and child-rearing practice within the tribal community were requested to evaluate the circumstances of the Indian child's (juvenile's) family and to assist in developing a case plan that uses the resources of the tribe and of the Indian community, including traditional and customary support, actions, and services, to address those circumstances. [1.a.]
 - A comprehensive assessment of the situation of the Indian child's (juvenile's) family was completed, including a determination of the likelihood of protecting the Indian child's (juvenile's) health, safety, and welfare effectively in the Indian child's home. [1.am.]
 - Representatives of the Indian child's (juvenile's) tribe were identified, notified, and invited to participate in all aspects of the Indian child (juvenile) custody proceeding at the earliest possible point in the proceeding and their advice was actively solicited throughout the proceeding. [1.b.]
 - Extended family members of the Indian child (juvenile), including extended family members who were identified by the Indian child's (juvenile's) tribe or parents, were notified and consulted with to identify and provide family structure and support for the Indian child (juvenile), to assure cultural connections, and to serve as placement resources for the Indian child (juvenile). [1.c.]
 - Arrangements were made to provide natural and unsupervised family interaction in the most natural setting that can ensure the Indian child's (juvenile's) safety, as appropriate to the goals of the Indian child's

(juvenile's) permanency plan, including arrangements for transportation and other assistance to enable family members to participate in that interaction. [1.d.]

- All available family preservation strategies were offered or employed and the involvement of the Indian child's (juvenile's) tribe was requested to identify those strategies and to ensure that those strategies are culturally appropriate to the Indian child's (juvenile's) tribe. [1.e.]
- Community resources offering housing, financial, and transportation assistance and in-home support services, in-home intensive treatment services, community support services, and specialized services for members of the Indian child's (juvenile's) family with special needs were identified, information about those resources was provided to the Indian child's (juvenile's) family, and the Indian child's (juvenile's) family was actively assisted or offered active assistance in accessing those resources. [1.f.]
- Monitoring of client progress and client participation in services was provided. [1.g.]
- A consideration of alternative ways of addressing the needs of the Indian child's (juvenile's) family was provided, if services did not exist or if existing services were not available to the family. [1.h.]

Resources:

(1) ICWA section 1912(d)

(2) BIA section D.2

(3) Wi. Statutes, s. 48.028(4)(g) 1.a. to h. and 938.028(4)(f) 1.a. to h.

DCF Bureau of Regional Operations

Overview

The Bureau of Regional Operations (BRO) provides support to DCF program divisions by overseeing contracts with local agencies administering DCF programs, conducting program monitoring and providing technical assistance to local service delivery providers. With teams of staff based in five regional offices, the BRO maintains working relationships between DCF and local agencies to ensure compliance by local agencies with program requirements, contract requirements and program performance standards. BRO staff conduct reviews of local agencies, review customer complaints regarding local agency services, and facilitate regional meetings for local agency staff.

Each BRO team consists of an Area Administrator supervisor, three to four Regional Coordinators and a Program Assistant. These teams provide support for the major DCF programs – such as child welfare, child care subsidy, child support, and W-2 financial assistance. Staff are located in five regional offices – Madison, Waukesha, Green Bay, Rhinelander and Eau Claire. Staff work with county human services departments, child support agencies, private agencies and tribes. The Bureau is managed by the Bureau Director and Bureau Program Assistant who are located in the DCF central office.

Major Areas of Responsibility

The BRO works with the child welfare, child care subsidy, child support and W-2 programs on the following activities:

- Local agency program plan review and approval;
- Local agency budget review and approval;
- Contract management, including approval of subcontracts and audit waivers;
- Program compliance monitoring, including case reviews, desktop review of reports, on-site reviews of local agencies, and corrective action plans;
- Reviews of customer complaints regarding local agency services;
- Providing technical assistance to local agencies and coordinating with program training units to arrange training;
- Monitoring local agency achievement of program performance standards; and
- Facilitating regional meetings of local agency managers and staff.

These activities are conducted in conjunction with the DCF program division responsible for the program area.

The BRO coordinates with DCF direct service units on regional issues, including child care licensing, child welfare licensing, and adoption services. BRO staff make Title IV-E eligibility determinations for children in foster care on behalf of the Division of Safety and Permanence (DSP). BRO coordinates with the Division of Enterprise Solutions (DES) Finance Bureau on fiscal matters involving local agencies, the DCF Tribal Liaison on Tribal issues, and the Office of Performance and Quality Assurance (OPQA) for Quality Services Reviews (QSRs) of child welfare agencies.

Regional Child Welfare Coordinator Q & A

Who is my Regional Child Welfare Coordinator?

The Regional Child Welfare Coordinator assigned to your agency is:
Sue Matczynski

She can be reached at:

Department of Children and Families
Bureau of Regional Operations
200 N. Jefferson St., Suite 525
Green Bay, WI 54301
920-448-5299; FAX 920-448-5305
Sue.matczynski@wisconsin.gov

What is the role of my Regional Child Welfare Coordinator?

Regional Coordinators have many roles. Primarily, they are a communication link between the child welfare program division in Madison and local child welfare agencies. They serve as a resource to county and tribal supervisors and managers and are a good source of technical assistance and policy advice. You should feel free to contact your Regional Child Welfare Coordinator with any questions you may have. If s/he can't answer the question herself, s/he will find the answer or direct you elsewhere. When appropriate, s/he may help to connect you with other supervisors in the region who could help.

Regional Coordinators are responsible for providing program oversight and monitoring to ensure local agencies comply with program requirements. Whenever possible, they strive to provide this oversight in a supportive and helpful manner. Their goal is not to catch you doing something wrong, but rather to help you to do it right!

When might I hear from my Regional Child Welfare Coordinator?

Your Regional Child Welfare Coordinator is likely to contact you often. S/he may send communications out to the region or specifically to you or your agency to:

- Draw attention to a new policy
- Clarify a procedural issue
- Share monitoring results (and ask for follow-up)
- Conduct a survey
- Request information
- Invite you to a regional meeting
- Inquire about a complaint received in the regional office
- Schedule a visit to your agency
- Share best practices between agencies
- Etc., etc.!

What if I can't reach my Regional Child Welfare Coordinator?

Regional staff are frequently out of the office to attend meetings and training or to visit local agencies. If your question or issue can wait, leave a message. S/he will get back to you just as soon as possible. If you need immediate assistance, feel free to contact the Area Administrator or Program Associate in your region. (See BRO contact sheet.) These individuals can often help in the absence of the Regional Coordinator, or find someone in another office who can.

Current WiSACWIS Monitoring Efforts

1) Caseworker Contacts

What's Monitored?

Documentation of monthly face-to-face contact between caseworkers and children/juveniles placed in out-of-home care under the placement and care responsibility of the State. The federal requirement is that 90% of these children/juveniles have face-to-face contact with the caseworker each and every full calendar month they are placed in out-of-home care, and that over half of these contacts (51%) occur in the child/juvenile's out-of-home care setting.

What are the key WiSACWIS reports?

CM06X100 Caseworker Contacts –Reflects county performance toward the 90% benchmark.

CM06X102 – Provides real-time data to assist the county in monitoring documentation of face-to-face contacts for any given month.

Monthly caseworker contact reports are also available on the DCF website:

<http://dcf.wisconsin.gov/cwreview/dashboards/well-being/caseworker/caseworker-contacts.htm>

Why is this being monitored?

This is a federal requirement that is discussed in DSP Memo Series 2008-01: Caseworker Contact Requirement for Children and Juveniles in Out-of-Home Care:

http://dcf.wisconsin.gov/memos/num_memos/DSP/2008/2008-01.pdf

Research has shown that regular and consistent face-to-face contact by a child's caseworker that is focused on the goals established in the case plan or permanency plan directly impact positive outcomes for children and juveniles, including the management of safety, timely achievement of permanence, and improved well-being. If the State fails to meet the 90% benchmark there will be a reduction in the federal Promoting Safe and Stable Families match. Counties that fail to meet the benchmark may also face Corrective Action and financial penalties.

2) Independent Living: Completion of NYTD Survey

What's Monitored?

Independent Living (IL)-eligible 17-year-olds who need to take the NYTD survey within 45 days of their 17th birthday.

What are the key WiSACWIS reports?

SM08X103 – Weekly NYTD Youth

SM08X104 – NYTD Youth 17

Why is this being monitored?

This is a federal requirement. The John H. Chaffee Foster Care Independence Act required that a data collection system be created that can “measure states’ success in preparing youth for the transition to independence.” That system is NYTD. DSP Memo Series 2010-11 – National Youth in Transition Database Outcomes Survey (link: http://dcf.wisconsin.gov/memos/num_memos/DSP/2010/2010-11.pdf) discusses this requirement in greater detail. Federal IL funding is tied to states meeting the 80% survey compliance rate. The NYTD survey gives youth an opportunity to share their experiences in foster care and help other foster children get the support and services they need to successfully transition to adulthood. Data from the NYTD survey can help DCF and counties to improve their IL programs. “Envision NYTD as an opportunity to stay connected with youth so no one falls through the cracks.”

3) Timeliness of Initial Assessments

What’s Monitored?

There are two measures:

- Timeliness of Initial Face-to-Face Contact (within the response time assigned by the county when screening in the CPS report)
- Timely completion of Initial Assessments (within 60 days of receipt of the CPS report)

The Standard for both measures is 100%.

What are the key WiSACWIS reports?

SM06A109 – Initial Assessment Report

Why is this being monitored?

Both measures are related to the timely assessment of child safety.

Wisconsin did not meet performance standards for timeliness of response to maltreatment during the 2010 federal Child and Family Services Review. As a result, Wisconsin’s Program Improvement Plan includes increasing the number of initial Face-to-Face contacts completed within the assigned response time and Initial Assessments completed within 60 days.

Both measures are requirements per Wisconsin’s Child Protective Services Access and Initial Assessment Standards (Chapter 7, Section VII. A and Chapter 12, XII. L.). Wisconsin State Statutes s. 48.24(5) requires that a juvenile intake inquiry be concluded within 60 days.

Numbered and Information Memos

The Wisconsin Department of Children and Families issues memos related to its various program areas. These memo series can be found at:

<http://dcf.wisconsin.gov/memos/default.htm>

Child Welfare Policy and Licensing Memos include Numbered Memos (which convey child welfare policy and procedures) and Information Memos (which are informational and time limited). You can subscribe to receive automatic notification of new memos by using the hyperlinks available on the Numbered Memos and Information Memos web pages.

An example of a Numbered Memo is “DCFS Memo 2008-02: HFS 43 Training for CPS Caseworkers and Supervisors – Local Agency Plans”

(http://dcf.wisconsin.gov/memos/num_memos/2008/2008-02.pdf).

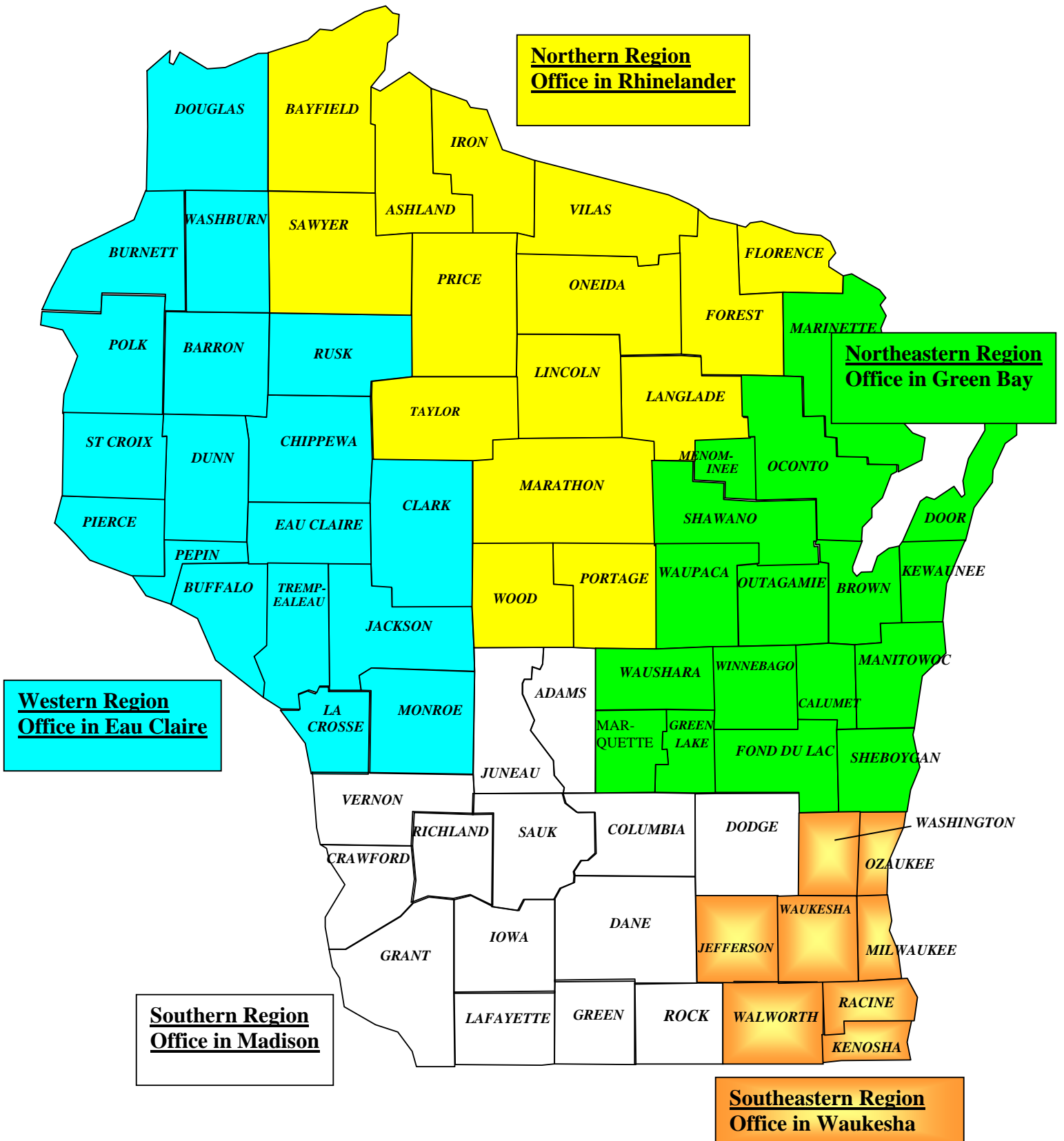
The memo summarizes Administrative Rule HFS 43 which establishes pre-service, foundation and ongoing (in-service) training requirements for CPS caseworkers and supervisors. It also requires agencies to submit their agency’s training plan by February 1, 2008. At the end of the memo are a number of hyperlinks to attachments that support implementation of HFS 43: the Ch. HFS 43 Administrative Rule, a template for the Agency Training Plan, a hyperlink to Pre-service Training modules, a Foundation Training Courses grid, and a screen shot of the eWiSACWIS training tab.

An example of an Information Memo is “DSP Info Memo 2011-01: The Wisconsin Indian Child Welfare Act (WICWA) Training”

(<http://dcf.wisconsin.gov/memos/infomemos/DSP/2011/2011-01.pdf>).

The memo provides information regarding training and technical assistance designed to facilitate implementation of the Wisconsin Indian Child Welfare Act, including dates of WICWA training to be provided through the regional training partnerships.

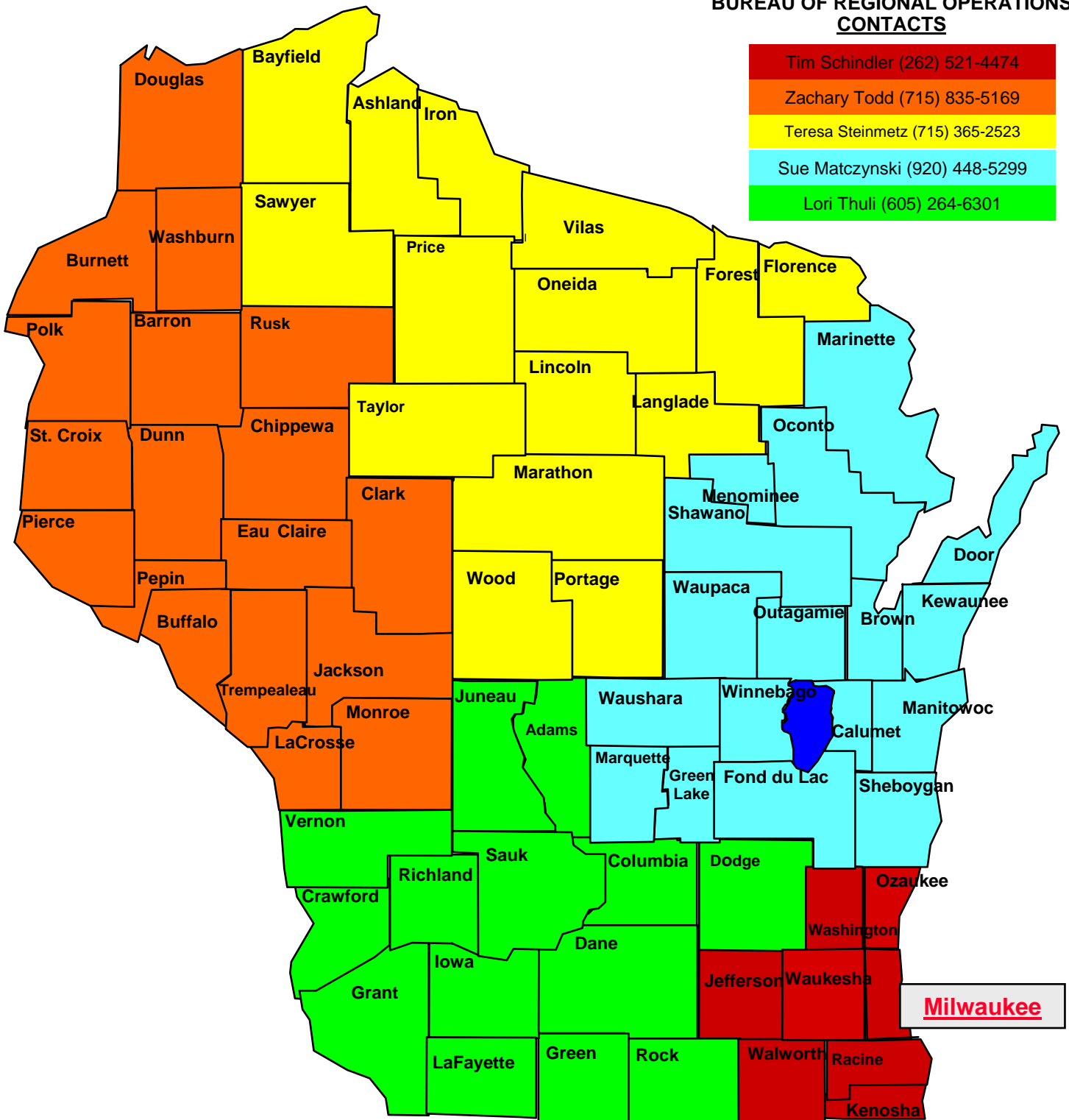
Bureau of Regional Operations Regions for DCF



Bureau of Regional Operations (BRO) Child Welfare County Assignments

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DEPARTMENT OF CHILDREN AND FAMILIES
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Tribes				
Menominee, Oneida, Stockbridge-Munsee	Bad River, Lac Courte Oreille, Lac du Flambeau, Red Cliff, Sokaogon, Forest Co. Potawatomi		HoChunk	HoChunk, St. Croix
W-2 private agencies and multi-county consortia				
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