Module 4
Days 1 & 2
Case Planning and Case Management

Core Module 4

Family Engagement in Case Planning and Case Management

Table of Contents

Introduction

This content contains icons indicating content related to California's themes of practice:


Fairness & Equity


Family & Youth Engagement


Strength-based Practice


Outcomes-informed Practice


Evidence-based Practice

These themes are interwoven throughout the Common Core Curricula in California. Participants are encouraged to pay special attention to the themes and make efforts to incorporate the concepts in their daily practice.

Note that throughout the Common Core, a variety of vignettes are used to provide the opportunity to practice skills in the classroom. Because social workers are called upon to work with youth and families from all ethnic or cultural backgrounds, the vignettes are developed to enhance cross cultural engagement and highlight the importance of considering culture when helping youth and families.

Activity: How Do I Plan?

For each scenario, circle the answers (more than one is OK) that come closest to how you have responded or would probably respond in the situation. If none of them fits, write what does.

1. Your grandparents (or parents) will soon have a 50th wedding anniversary. You:

    a. Let everyone know that you can take the lead to plan the party. You make a two-column list: "must have" and "maybe". You make three rows: "activities", "food", and "decorations". You go on www.anniversaries.com and fill in all of the cells on your chart with ideas.

    b. Talk to lots of people (relatives, friends, other skilled party planners), take in all of their opinions, and sort out what seems right for this party.

    c. Leaf through some family photo albums while you listen to music that your grandparents (or parents) love and wait for some inspiring ideas to come to you.

    d. Order a "Happy Anniversary" cake (standard white with white frosting) and buy some "It's an Anniversary" invitations.

    e. Figure that if a party seems in order on their anniversary day, you'll be able to get a cake and some candles at the grocery store.

2. You're about to graduate college and you need a job. You:

    a. Have already taken job preference and aptitude tests and in fact may have chosen your major based on this. You have lined up a list of potential employers whose jobs tend to match the interests and skills you have.

    b. Talk to your teachers, counselor, friends, and family about whether they know of any jobs you could apply for.

    c. Go to www.idealist.com and search for opportunities that feel right for you.

    d. Get Sunday's paper, circle a few want ads that look promising, and send in some resumes.

e. Go full-time at your current waiter job.

3. You are three months into your dream job as a child welfare social worker. You are very busy trying to learn the job while managing a caseload. As you wake up, your thoughts go to the 15 things on you calendar for the day (school visit, home visit, unit meeting, supervision, lunch date, etc.). After spending a couple of minutes refining the schedule for the day, you notice the clock. You have overslept and are already an hour late for work! What do you do?

   a. Activate plan B, a slightly reorganized but just as effective schedule for the day that you had already developed in case there was traffic on your way in to the office.

   b. Contact the people affected by your lateness and ask them what would work for them in terms of rescheduling the appointment.

   c. Wonder if you overslept because your schedule was subconsciously overwhelming and decide to pay more attention to making your schedule doable.

   d. Review the things you had planned for the day and eliminate the ones that could be done later.

   e. You roll over and go back to sleep.

Case Plan Definitions

Engagement

An engaged family member is one who is active in the child welfare intervention in a positive way, including being receptive to help, acknowledging the existing safety and risk concerns, believing in the likelihood of a positive outcome, taking initiative, and having a positive relationship with the social worker (Yatchmenoff, 2001).

Permanence

A primary outcome goal for child welfare services whereby all children and youth have stable and nurturing legal relationships with adult caregivers that create a shared sense of belonging and emotional security that endures over time.

Case Plan

The written document which is developed based on an assessment of the circumstances which required child welfare services intervention and in which the social worker identifies a case plan goal, the objectives to be achieved, the specific services to be provided, and case management activities to be performed (CDSS, 2003b).

Case Plan Update

The written document which contains any changes regarding the information in the case plan and includes specific information about the current condition of the child and family (CDSS, 2003b).

Concurrent Services:

The portion of the case plan for a child receiving family reunification services which identifies the child's permanency alternative and the services necessary to achieve permanency should family reunification fail (CDSS, 2003b).

Concurrent planning refers to the process of immediate, simultaneous, and continuous assessment and case plan development that provides for reunification services, with the concurrent development of an alternative permanent plan for a child in the event that reunification is not achieved. Concurrent planning includes a continuum of options to promote early reunification for every child removed from his or her family. Service planning

for concurrent plans is a court/agency/family collaboration which must include the probability of reunification with the child's family of origin, availability of extended family resources, and identification of an alternate family who will commit to providing a permanent home for the child (CDSS, 1997).

The U.S. Department of Health and Human Services Administration for Children and Families defines concurrent planning as follows:

> *Concurrent planning is a case planning approach that involves considering all reasonable options for permanency at the **earliest possible point** following a child's entry into foster care and **simultaneously** pursuing those that will best serve the child's needs. Typically, the primary plan is reunification with the child's family of origin. This primary plan and an alternative permanency goal are pursued at the same time, with full knowledge of all case participants. Concurrent planning seeks to eliminate delays in attaining permanency for children.*

The California Welfare & Institutions Code defines concurrent planning as follows:

> **WIC 16501.1(f)(9)**
> When the goal is reunification, the case plan must address both how services will restore family capacity AND how legal permanency will be achieved, should reunification fail.
>
> **WIC 358.1 (b), 366.21(e), 366.22(a)**
> Efforts to achieve legal permanency must be addressed at the disposition hearing and in subsequent court reports.
>
> **WIC 361.3**
> All relative caregivers must be assessed on their ability to provide permanency for a child.

Participatory Case Planning

In participatory case planning, social workers work together with the family and others (such as relatives, service providers and community members) employing a team model to develop strength-based case plans that are tailored to meet the specific needs of the family. The benefits of participatory case planning include

greater support for the family, better relationships between family members and the social worker, better case plan buy-in from the family and better outcomes for children (Hatton et al, 2008).

Tribal Customary Adoption

Tribal Customary Adoption (TCA) is an adoption arranged following the customs, laws or traditions of an Indian child's tribe. TCA does not require termination of parental rights (TPR); rather, the tribe makes a determination about the roles of the biological parents and adoptive parents in the child's life. Tribal involvement is required. This permanency goal is determined by the tribe.

Case Planning Rules and Regulations

Assessment and Case Planning[1]

Once the decision has been made to open a case, the social worker must complete the following tasks as part of case planning:

1. **Complete an assessment** for each child for whom child welfare services are to be provided, including gathering and evaluating information relevant to the case situation and appraising case services needs[2]. The assessment must include the following[3]:

    a. The relevant social, cultural, and physical factors relating to the child, parent(s)/guardian(s) and other significant persons, including children and siblings, who are known to reside in the home.

    b. The apparent problems, and possible causes of those problems, which

    require intervention and the family strengths which could aid in problem resolution.

    c. Whether the child may safely remain at home if preplacement preventive services are provided, and, if so, the specific services to be provided.

    d. If the child is a parent, any special needs of the child with regard to his/her role as a parent.

    e. If the child has been removed based on one of the findings pursuant to California Welfare and Institutions Code Section 361.5(b), the circumstances relating to the finding and whether failure to order family reunification services would likely be detrimental to the child.

    f. Any known social services previously offered and/or delivered to the child or family and the result of those services.

    g. If family reunification services are recommended, relatives or others who could provide or assist with legal permanency -

[1] SSA 475
[2] CDSS (1998b)
[3] CDSS (1999a)

adoption, guardianship, or preparation for independence - should family reunification fail.

h. The need, if known, for any health/medical care or mental health assessment and treatment.

i. The condition(s) which are met that allow a child under the age of six to be placed in a group home in accordance with Section 31-405.1(b).

j. The condition(s) which is met that allows a child to be placed in a community treatment facility in accordance with Section 31-406.

2. **Work with the family to set the least intrusive case plan goal possible** using the priority order below. Parents must be offered an opportunity to participate in adoption and relinquishment planning.[4]

    a. Family maintenance services

    b. Family reunification services - If the child is placed out of home and is receiving family reunification services, the case plan shall have two tracks:

        i. The family reunification track

        ii. The concurrent services track, which identifies the child's permanency alternative and the services necessary to achieve legal permanence should family reunification fail.

    c. Permanent placement services – This should be the goal only when there are no feasible means of maintaining or reuniting the child with his/her parent(s)/guardian(s). Within permanent placement there is a priority order which must be followed:

        i. Adoption

        ii. Guardianship

        iii. Long term foster care

3. **Develop the case plan with the parents or guardians**. The case plan must include the following information:[5]

    a. Objectives to be achieved. Case plan objectives must be measurable, time-limited objectives based on the problems and family strengths identified in the assessment.

---

[4] CDSS (1998b) and CDSS (2000)
[5] CDSS (1999b)

b. Specific services to be provided, including specific descriptions of the responsibilities of the parent(s)/guardian(s) in meeting the case plan objectives.

c. Case management activities to be performed, including specific descriptions of the responsibilities of the social worker, other county staff, other individuals, and community agencies in the provision of services and the performance of case management activities.

d. The projected date for completion of case plan objectives and the date child welfare services are to be terminated.

e. The schedule of planned social worker contacts with the family.

f. For children in out-of-home care, the case plan must include additional information[6]:

    i. two services tracks identified for children receiving family reunification services (reunification and a permanency alternative)

    ii. an assessment of the child's placement needs and a determination and description of the type of home or institution which will best meet those needs

    iii. the schedule of planned visits for the child with parent(s)/guardian(s), siblings and grandparents

    iv. the schedule of planned social worker contact with the substitute care provider

    v. child well-being information related to health, mental health, and education including:

        (1) names and addresses of the child's health and educational providers

        (2) child's grade level performance

        (3) child's school record

        (4) assurances that the child's placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement

[6] CDSS (1999c), CDSS (2003a), CDSS (2005), and CDSS (1999b)

(5) child's immunization record

(6) child's known medical problems and medications

vi. a plan for providing regular preventive health care including a visit to the doctor and dentist within 30 days of placement

vii. mental health assessment and treatment

viii. information regarding the educational rights of the parents

ix. if siblings are not placed together, the case plan must document efforts to place siblings together and reasons why they were not placed together, if applicable

x. for children age 16 or over the case plan must document the services identified to assist the child in transitioning out of the foster care system

xi. for children placed out-of-county, the case plan must include the rationale for out-of-county placement, and a description of the specific responsibilities of the sending and receiving counties

xii. for children placed in an out of state group home, the case plan must document that the placement follows the recommendation of a multidisciplinary team and must note the rationale for the placement, including what in-state services or facilities were used or considered and why they were not recommended

xiii. for children placed in a foster family home, group home, or other child care institution that is either a substantial distance from the home of the parent(s) or guardian(s) or out-of-state, the case plan must list the reasons why such placement is the most appropriate placement selection and whether the placement continues to be in the best interest of the child.

xiv. for a child placed in a community treatment facility, the case plan must note the reasons why this placement is the most appropriate placement and how the continuing stay criteria will be met

Case Plan Updates[7]

Each case plan update shall document the following information:

1. Any changes in the information contained in the case plan.
2. Specific information about the current condition of the child and family.
3. A description of the degree of compliance by the parent(s)/guardian(s) with the written case plan, including the progress in working toward achievement of each case plan objective, cooperation in keeping appointments, visitation patterns and interactions during visits
4. If the case plan's goal is family reunification, documentation shall also include the efforts to achieve the permanency alternative if family reunification fails.
5. The case plan adequacy and continued appropriateness, including the need, if any, for a change in the case plan.

Case Plan Timeframes[8]

The social worker has **60 days to complete the initial case plan** with the family. The time clock on the 60 days starts on the date of first face to face contact with any agency social worker and includes weekends and holidays. If the date of the dispositional hearing is held prior to the 60 day timeline, the social worker and family must complete the case plan for the dispositional hearing and provide it to the court 48 hours before the hearing. Within the sixty days (or prior to the dispositional hearing) the case plan must be signed by the parents, social worker and social work supervisor. The social worker must also provide a copy of the case plan to the parents.

The social worker and family must **update the plan within six months** of completing the initial plan and every six months thereafter. Case plans may be updated more frequently if needed to assist the child and family to achieve the permanency goal. The case plan update must have the same signatures as the initial case plan. A copy must be provided to the parents.

---

[7] CDSS (1998a)

[8] ACL (06-07)

ICWA & You

(Adapted from Digest for IndigenousNewsNetwork@topica.com, Issue 494)

What is the Indian Child Welfare Act?

The Indian Child Welfare Act (ICWA) is a federal law that applies to state, county, and private child welfare agencies. It covers tribal children from all American Indian and Alaska Native tribes listed in the Federal Register. ICWA defines Indian tribes' authority over their members and the well-being of Indian children and families.

Who is an Indian child?

Under ICWA, a child is Indian if he or she has a mother or father who is a member of an Indian tribe. The child must also be a member of a tribe or eligible for membership.

Why is the law only for an Indian child?

Indian tribes are sovereign nations with a unique relationship with the federal government. The relationship is defined by treaties the federal government has with Indian nations that it does not have with any other people in the United States.

Why was the law passed?

Indian children are removed from their families and tribes at a rate that is disproportionate to their representation in the population as a whole. Historically, boarding schools run by the government and other groups kept school-age Indian children away from their homes. Many Indian children lost their traditions and culture and experienced serious problems later in life. Even today, child welfare agency workers use their own cultural beliefs to

decide if Indian children are being raised properly. Many do not understand the importance of the extended family—relatives other than the mother or father—in bringing up children in Native cultures. This often results in Indian children being improperly removed from their families and tribes. ICWA grants tribes the authority to step in and take jurisdiction in cases involving Indian children. The tribe can then take the case from the county agency and manage it though a tribal agency or can work collaboratively with the county agency to ensure the tribe is represented.

Does the law apply to people living away from Indian reservations?

Many people believe that the Indian Child Welfare Act only applies to Indian children living on reservations. The law applies to ALL Indian children, wherever they live. An Indian child is defined as a child who is a member of a federally recognized tribe or who is eligible for membership in a federally recognized tribe. It is important that child welfare workers assess ancestry of ALL children referred for neglect or abuse. If known, the child's tribe must always be notified by certified mail of any court proceedings involving placing Indian children in foster care, termination of parental rights, or adoption. Where ancestry is not clear, the Bureau of Indian Affairs should be notified. If a child or his or her family identify themselves as Indian, the social worker must follow ICWA regulations. Only the court can determine that the ICWA does not apply to a particular child.

How does the law work?

First, ICWA requires that every effort be made to try and keep families together. If removal is necessary, "active efforts" must be made to bring the family back together. This means that everything possible must be done to help the family resolve the problems that led to neglect or abuse, including referral to services that are sensitive to the family's culture. If an Indian child is removed, ICWA requires that child welfare agencies actively seek to place a child with (1) relatives, (2) a tribal family, or (3) an Indian family, before placing the child in a non-Indian home.

How does ICWA Impact Case Planning?

When case planning with an Indian family, the tribe will participate in the establishment of the permanency goals and the concurrent plan. The tribe may also be very helpful in accessing culturally relevant services. The ICWA requirement of "active efforts" replaces the general requirement of "reasonable efforts" and must be addressed within the case plan.

Outcomes for Transition Age Youth

Outcome Trends

Scannapieco et al. (2007) compiled available literature to review outcomes for youth aging out of foster care. They found that multiple sources show that youth face extreme difficulty upon leaving foster care as evidenced by:

- a high school graduation rate of 33 to 50% (compared to the national average of 90 to 95%)
- a 50% unemployment rate at time of discharge from foster care (Scannapieco et al, 2007)
- a 50% rate of substance use/abuse
- over 13% having emotional problems
- over 60% having no job experience
- a pregnancy rate of 17% (Sherman, 2004)

As part of the ongoing efforts to better understand services for foster youth, the California Department of Social Services is monitoring key outcomes in California. The data below are from October through December 2009 and reflect the following information about youth aging out of care in California:

CA Foster Youth Outcomes	Completed High School or Equivalency	Has Employment	Has Housing	Received ILP Services	Has a Permanent Connection
10/1/08-12/30/08	47%	28%	89%	76%	80%

The Role of Case Planning

As we learn more about challenges faced by foster youth, we look to improve practice as a strategy to improve outcomes. One recent change is the introduction of extended foster care for eligible foster youth ages 19-21. As part of the effort to improve these outcomes for young adults, extended foster care offers a safety net for support with the transition process. As part of this process, social workers and young adults will work closely together to develop case plans called transitional independent living case plans (TILCP).

Social workers will need to make extra effort to engage with these young adults as historically they have felt excluded from the case planning process. Foster youth report that they do not feel their social worker respects their opinion; they did not feel engaged and did not feel like the plans were individualized to meet their needs:

> *''I do not have a say in my goals. My social worker shows up with it (treatment plan)…I just sign it whether I agree with the goals or not''(Scannapieco et al 2007).*

Practical Ideas for Youth's Case Plans

1. Emotional Well-Being

- Meet with other youths whose mothers have become addicted to drugs.

- Participate in activities and events that are enjoyed by people in one of your cultures: e.g., an intertribal pow-wow, a rodeo, a drag race, a bar mitzvah or a quinceañera of a family friend, a performance of Gay Men's

  Chorus, Chorus, services at an AME church or a Buddhist temple; dine at an ethnic restaurant; take a language class; or apprentice yourself to a person who makes outfits in your culture.

- Email your mother's extended family in Oregon, tell them about yourself, and ask about them.

2. Interpersonal Skills and Connections

- Participate in social skills groups that practice ways to feel comfortable around people you don't know, how to ask people about themselves, and how to listen to others.
- Get a mentor.

3. Education and Career

- Take a vocational interest and ability inventory and discuss it with a career/education counselor, your foster family, your worker and several of your friends.
- Learn one study technique and use it every day when you do homework. Talk to your foster parent about how well it's working.
- Go to http://calswec.berkeley.edu/toolkits/fostering-connections-after-18-ab12-online-resources-guide, review the education resources and find three things to check out that are related to your goals.

4. Jobs

- Make a list of jobs that you know about and what would be the plusses and minuses for you.

- Look in the want-ads and circle jobs that you think are interesting and realistic.
- Go to http://calswec.berkeley.edu/toolkits/fostering-connections-after-18-ab12-online-resources-guide, review the career resources and find three things to check out that are related to your goals.

5. Housing

- Go to craigslist.org and see what is advertised in your price range.
- Look in the want ads and see what is available.
- Go to http://calswec.berkeley.edu/toolkits/fostering-connections-after-18-ab12-online-resources-guide, review the housing resources and find three things to check out that are related to your goals.

6. Health and Mental Health Care

- Talk with your ILP worker about what kinds of health, dental, and mental health care you might need over the next few years.
- Find out about whether you'll be eligible for Medicaid when you turn 18.
- Talk with your foster parents, your psychiatrist, and your social worker before you take a holiday from any meds. If you are advised to take a holiday, do it while you are still in foster care or have people around who can help you in case you need it.

7. Activities of Daily Living

- Get a checking account at your bank
- Pick five meals you want to make and work with your foster parents to learn how to prepare them.

Remember that non-minor dependent youth will take on a larger role in developing case plan goals and activities and will be more active in taking on tasks to meet goals. The social worker will assist the youth in being realistic about goals. In addition, some young adults may need help in developing insight about their own mental health needs.

Family Safety Planning Meetings

A key first step in engaging families to provide safety for their children involves working with the family to develop a shared understanding about the parent's behavior, including how it impacted the child to put the child in or at risk of urgent and immediate danger. This section includes several suggestions for conducting these meetings.

Prior to the Meeting

1. Set up the room with flip chart paper and an easel with markers.
2. If possible have a white board set up with your safety map outlined with the three questions (what are we worried about, what is working and where do we go from here) and areas to develop for each of these questions.
3. Write definitions for Harm, Danger, Complicating Factors, Safety, Strengths and Safety Goal(s) (see next page for a list of definitions of these terms) and put them up on the wall if you think it will help the facilitation and group understanding, cohesion and agreement around the safety of the child

   If you feel comfortable, you can also explain the definitions during the meeting as you develop each of the sections).

Safety Planning Definitions

Concern and Support of Child (CWS) (a rigorous balanced assessment)	Parent's behavior as it either put the child in urgent and immediate danger or at risk of urgent and immediate danger. AND Parent's behavior as it protects the child and protects the child over time.
Harm	Why we are here (HARM)? Reason for Referral – What was the parent behavior and impact on the child? Behavioral detail re: incident bringing the family to the attention of the agency and if there is a pattern/history
Danger	If nothing else changes, what are we worried about as the parent's behavior impacts the child? Who is worried? Use detailed behaviorally specific statements. There can be more than one statement and they can be ranked.
Complicating Factors	Conditions/behaviors that contribute to greater difficulty for the family (such as drug use, mental health issues and family conflict/domestic violence). Presence of research based risk factors can be listed if useful.
Safety	Acts of protection, behaviors that the parent has demonstrated to keep the child(ren) safe over time, including pattern/history of exceptions to danger/harm. The higher the risk the more time there needs to be where the parents are demonstrating the behaviors of protection. The smaller the safety network, the more time needed for the parents to build their network and to utilize it to keep their family safe; especially in times of stress.
Strengths/Protective Factors	Assets, resources, capacitates within family, individual, and community. Presence of research based protective factors as it relates to the family's harm, danger and complicating factors. These things support the family but don't by themselves keep children safe from the described harm/danger.
Safety Goal	What is the behavior that the parents would be doing that would keep the child(ren) safe over time without agency intervention? This is the flip side of the danger statement(s). It can include how they are developing and utilizing their family safety network to keep the children safe.
Next Steps	Specific/behavior steps that the caregiver must take to ensure the child will be safe in their care. Explore the family's support network and identify who will help the family initiate and maintain the plan.
Culture	In what ways does the family's values, beliefs, traditions, religion, roles, cultural daily care giving routines, family and support relationships, ethnicity, age, culture, class, gender, sexual orientation, spirituality, and/or other individual family identity and practices play a role in influencing parent behavior and impact on the child(ren)?

Conducting the Meeting

1) **Welcome everyone for coming/Engagement and focusing (5 minutes).**

- Thank them for coming and acknowledge/affirm them for putting their family's needs at the forefront by attending today.
- Discuss the purpose of meeting – Why are we meeting today? What are our hopes for safety? What can participants expect from the process? Approximate time for the meeting will be between 1.5 and 2 hours.

Ideas for Explaining Meeting:

Understanding adaptive challenges and how they are different from technical challenges might be helpful to think about and perhaps even communicate to families as a way to explain the family mapping process (it can be frustrating to keep trying to solve an adaptive problem as if it were a technical problem).

TECHNICAL PROBLEMS	**ADAPTIVE CHALLENGES**
1. Easy to identify	1. Difficult to identify; easy to deny
2. Often lend themselves to quick and easy (cut-and-dried) solutions	2. Require changes in values, beliefs, roles, relationships, & approaches to work
3. Often can be solved by an authority or expert	3. People with the problem do the work of solving it
4. Require change in just one or a few places; often can be contained within current family boundaries	4. Require change in numerous places; usually cross family boundaries.
5. People are generally receptive to technical solutions	5. People often resist even acknowledging adaptive challenges
6. Solutions can often be implemented quickly—even by edict	6. "Solutions" require experiments and new discoveries; they can take a long time to implement and cannot be implemented by edict

A useful way of approaching adaptive challenges is to use an Appreciative Inquiry process which includes looking at what we are all **worried** about as it

relates to the safety of the child, **what is working** for the family as it relates to the safety of the child and **where do we go from here**? (You can point to areas on the wall or flip chart paper)

2) Develop Family Agreements/Engagement (15 minutes)

- On Flip Chart paper, work with the family to facilitate a process for the group to come up with guidelines around the best way to meet and work together so that it can be a productive conversation about the family's situation and how best to help. What do they know about each other and themselves that would support a productive meeting?
- Facilitate mutually developed agreements where the focus can stay on the safety of the child(ren), where people can be respectful of each other and other's view points, and where everyone can monitor their own emotional reactions so that the meeting can be productive and stay focused on the on-going safety of the children.
    - Building agreement around what people will do if they become upset or emotional (such as stepping outside or allowing the facilitator to bring the meeting back on topic) can be useful so that the process is not disrupted. It also sets the stage for the meeting to be collaborative with the family and for the family to be responsible for themselves and the safety of their children.

Ideas for Agreements:

Keep the child and the child's safety and well-being at the center, leave other family issues and conflicts outside the door. (even putting a picture of the child, if they are not present, in the middle of the table can be helpful).

One person talks at a time. Be respectful of differences and see them as useful to solving adaptive problems. No judgment, hostility, criticizing and rebutting.

Keep it short when it's your turn to talk. Try to get at the heart of the matter so that the meeting and its purpose can move along.

"Working on adaptive problems and thinking outside of our normal ways and interactions with each other takes courage. It is complex and not easy. We are going to talk about your lives and family and children….very important things. Things we all care deeply about. It is normal to feel emotional. So let's plan for it. If you feel emotional how would you like to handle it? If you could step outside so that the process is not interrupted and then come back when you feel calmer would that work?"

3) Develop a Genogram and/or an Eco-map with the family/Engagement – family is the expert on their family (15 – 20 minutes).

- On Flip chart paper, ask the parents about their family.
- Develop a genogram and talk about the information that they give you in positive, resilient terms.
  If you think that it would be helpful you can also develop an eco-map by drawing a circle and writing the child's name (or the child's and parent's name. This is dependent upon the needs of the family. If the family is having issues with putting the child's needs first you might put the child's name only. If the family's issues are more focused on the lack of network or if they are isolated, then you might consider putting the parent's and child's name in the center).
- On the genogram, draw circles around the child's or child and parent's circle with the names of all of their day to day connections and support systems around them. This can be helpful in showing the family that they do have community and supports around them and can provide a visual of putting the child in the middle and demonstrating their needs as the most important; ahead of the parent's needs.

4) Safety Mapping/Facilitating (25-30 minutes)

- This is a rigorous, balanced conversation that builds to developing discrepancy between the current safety for the child and the ultimate safety goal that would keep the child safe (implementing a committed safety plan if possible)
- Go to the white board or the three pages of flip chart paper where you have drawn the headings for your three questions and areas underneath. Discuss the definitions of the areas with the family, referring to the three

questions (What are we worried about? What is working? and where do we go from here?) and the areas underneath.

- If the family is pretty clear and not confrontational, ask them for their understanding of the harm statement; what happened in their family that has led to this meeting? Ask each person until there is shared understanding.
- Reflect on what is said to help create shared understanding and to assist with clarification and focus on their thoughts.
- Write down all task ideas and what they said, even if they are not fully developed. Seeing them written down will help the group consider all ideas and lead toward more sophisticated and developed statements.
    - If you get the sense that asking what happened is going to immediately pull the family off track, start with the social worker's understanding of the harm statement (in detailed, behaviorally specific terms). This should be what the referral was about, what happened *(The SDM Safety Assessment tool can be used to inform this discussion, test the alignment with the facts and thinking and to make sure that nothing was missed).* Then ask the family for their understanding, exploration of it ...what they are worried about?
- As the discussion begins, start to put the information in the different categories. If they mention cultural beliefs, supports, values, etc. in the conversation, explore it and write down those relevant things on the board or paper-- **as it relates to the safety of the child (stay focused on the behavior change goal)** in the cultural section. If it is a complicating factor, a strength, an act of protection, etc. call that out, explore it and put a detailed behaviorally specific statement in those sections.
- Work around the entire map, asking everyone around the table about their worries (as it relates to the parent's behavior and impact on the child) and safety – parent acts of protection over time and the family strengths. As you fill in the worries sections, the cultural section, the strength section and the acts of protection section begin to ask "what would it look like if we didn't have these worries anymore?" *(the SDM Risk Assessment tool can be used to see if the worries and protective capacities*

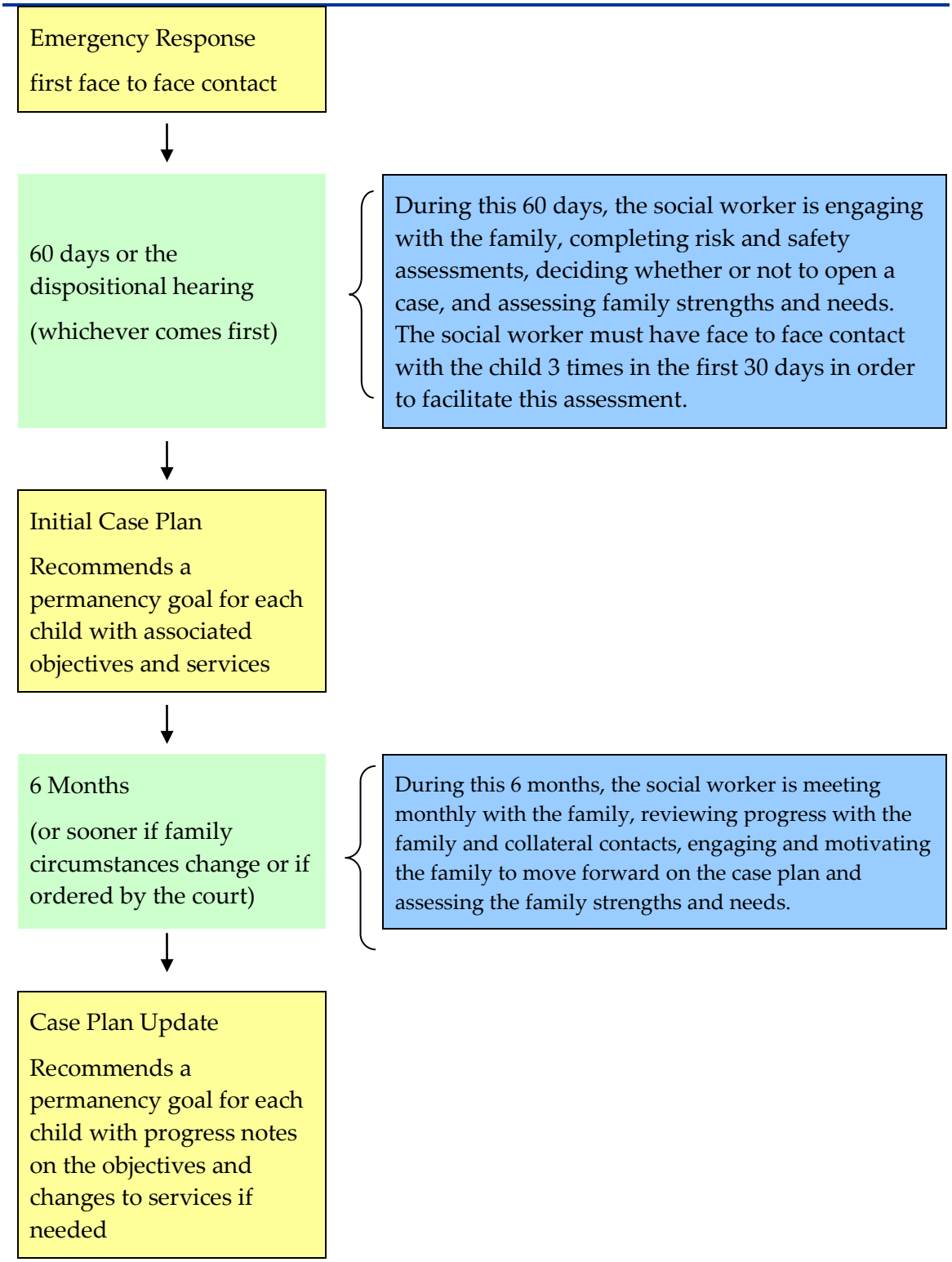
match up and to ensure nothing was missed and also to help inform critical thinking and decision making).

- "What would the parent's be doing that would make it safe for the children to be in their care without agency intervention?" *(the SDM Family Strengths and Needs Assessment can be used to help understand parent and family complicating factors and strengths that impacts children's safety to help inform a good safety plan).*
- Once there is an agreed upon, detailed safety goal written on the board or paper , see if the family can answer how they can get from the danger statements to their safety goals. What are the first steps, what is needed, who needs to be part of it? What would it look like? If you get "partial safety next steps," go ahead and write down the ideas. Then you can test them..."would they really keep the child all the way safe?" The white board allows for the ability to erase the first offerings and put in the more detailed next steps and commitments as the family develops them. If not, add another flip chart sheet until you have a detailed safety plan that will keep the child safe and move toward further development and demonstrations of acts of protection over time. This will be your safety plan, either an initial plan that provides immediate safety or an on-going safety plan (case plan) that will help the family move toward the goal of independent (of the agency) behaviors that will keep the child safe over time. If there needs to be activities to help the family meet their behaviorally specific goals those can be discussed.
- **Summarize progress made at the meeting** toward better communication, commitment to change, how people worked with each other, steps toward a safety plan etc. Sometimes people need some time to digest what happened in the meeting and they are not ready to really commit to doing things that will keep their children safe. It's okay if the family does not get to next steps right away.

5) If a safety plan has been reached at this meeting (it might take several meetings to get to an agreed safety plan), **Write out the plan developed with the family**, hopefully on duplicate paper, and have everyone sign it. Provide a copy to the family and keep one for the agency.

6) **Thank everyone** for their participation and caring for their family, friends and supports. If the group will meet again you can set the next date for the meeting.

Case Planning Timeline



Minimum Sufficient Level of Care

Definition of MSLC
The **minimum sufficient level of care** *is the social standard for the minimum of parent behavior below which a home is inadequate for the care of a child.*

Important Considerations in MSLC

- MSLC is meant as a minimum, not an ideal. The terms "minimum" and "sufficient" are crucial to this concept; the standard is related to the objective of keeping children safe and protected. The terms "minimum" and "sufficient" are used to explicitly differentiate from higher standards.
- MSLC is case specific. A variety of factors must be considered for each child, and there are no fixed criteria for assessing when a home falls below this minimum standard. This decision must be made by informed judgment that evaluates each case individually.
- The MSLC must remain consistent for the duration of the case. Once the MSLC is developed for a given child, it does not change throughout the life of the family's case unless the needs of the child change (e.g., child develops a high risk health condition). When a child is in placement, the decision about reunification must be based on the same MSLC baselines as when the child was removed.

Factors to consider in assessing MSLC

Although the MSLC is unique for each child, there are commonalities in nearly all situations. The factors to consider in establishing what the MSLC is for a particular child include those that relate to:

1. **The child's needs** in the areas of:
    - Physical care (e.g., safety, protection, food, clothing, shelter, medical and dental care)
    - Emotional wellbeing (e.g., attachment between child and caregivers, sense of security)
    - Development (e.g., education, special help for children with disabilities)

The key question is, "Are the caregivers providing consistent care at a basic level that keeps the child safe and protected in the areas of physical, emotional and developmental needs?"

2. **Contemporary Social Standards**
   Many social standards now are codified in law, e.g., definitions of child maltreatment, compulsory school attendance, and child labor. Others are mainly normative, e.g., expectations for how much work/chores children do in order to contribute to the family's wellbeing. Social standards have greatly changed over the last 100 and even 25-50 years, so there is a wide range of accepted social standards.

The key question is "Are the caregivers' behaviors within or outside the commonly accepted child-rearing practices in our society?"

3. **Community Standards**
   The United States is a highly pluralistic country and many communities have standards that vary from the "Contemporary Social Standards." For instance, the age at which children can have any of the following responsibilities varies:
   - Caring for younger siblings
   - Being left alone
   - Responsibilities for various chores
   - Working outside the home
   - Quitting school

   There are also wide variations about what is considered appropriate punishment, e.g., with regard to:
   - Hitting
   - Verbally chastising
   - Length and place for "time outs"
   - Deprivation, e.g., of
     - (favorite) foods,
     - social interaction with family and friends
     - toys

The importance of "community standards" is explicitly identified in the Indian Child Welfare Act (ICWA) which mandates that the standards applied to a given Native American child reflect his tribe's standards.

The key question is "Are the caregivers' behaviors within or outside the commonly accepted child-rearing practices in their community?"

The rationale for using MSLC

The Rationale for using Minimum Sufficient Level of Care as a standard includes (National CASA, 2002):

- It maintains the child's right to safety and permanence while not ignoring the parents' right to their children.
- It is required by law (as a practical way to interpret the "reasonable efforts" provision of PL 96-272).
- It is possible for parents to reach.
- It provides a reference point for decision-makers.

- It protects (to some degree) from individual biases and value judgments.
- It discourages unnecessary removal from the family home.
- It discourages unnecessarily long placements in foster care.
- It keeps decision-makers focused on what is the least detrimental alternative for the child.
- It is sensitive across cultures.

Challenges in applying MSLC

There are challenges in applying MSLC. Often the standard for removal differs from the standards applied to return a child to the parent's custody. Sometimes the values and attitudes of the child welfare worker about what constitutes MSLC can also color the way they think about a family. Different cultures have different interpretations of what constitutes the MSLC. Some steps to ensure fairness and equity might include:

- Discussing the MSLC during case consultations with a supervisor or a multi-disciplinary team.
- Taking additional training on how to apply MSLC to cases.
- Working in community partnerships to learn more about how different cultures view MSLC.

- Systematically considering what the standard was for removal and what the expectations are for return of the child to assure that the standard is not raising over the life of the case.
- Making sure the case plan is limited to MSLC so that it serves as a reminder to all parties of what the standard is for returning the child(ren).

Reasonable Efforts

Unnecessary removal of children and insufficient efforts to reunify children with their parents have contributed to problems including:

- Separation trauma for children, parents, and extended family
- Foster care drift (children living in many foster homes and remaining in foster care for long periods of time)
- Psychological trauma and educational setbacks for children, especially those who move from home to home in the foster care system
- Children aging out of the CWS system without adequate support and skills for the transition to adulthood
- Enormous costs for out-of-home care

The Adoption Assistance and Child Welfare Act of 1980 established the requirement that social workers make reasonable efforts to prevent children from being removed from home and that social workers make reasonable efforts to return those children who have to be removed (Berrick, 2009).

The law was passed based on concern that efforts to keep children in their family homes had been insufficient, leading to the unwarranted placement of children in out-of-home care. There was also concern that children tended to languish in placement and not return home (Berrick, 2009).

The US Dept of Health and Human Services Administration for Children and Families notes that the concept of reasonable efforts does not have a standard definition, because reasonable efforts are to be determined on a case by case basis by the court. Section 471 (a)(15) of the Social Security Act notes that the child's health and safety are the paramount concerns in a determination of reasonable efforts.

In providing reasonable services, the social worker level of effort required is "reasonable." While "reasonable" is not completely defined, it means that the social worker and child welfare agency must make concerted efforts to engage the family and to help them access relevant services that will help them make a safe home for their children in order to prevent placement or, if placement

occurs, to reunify. Also, "reasonable" may be different for different families (e.g., parents with developmental disabilities, minor parents).
The social worker must document that reasonable efforts have been made to prevent placement whenever placement is recommended. These efforts are documented in the case plan.

Dorthea Gibson Vignette[9]

The report

Reporting party is a neighbor who reports that Dorthea Gibson, a mother in her neighborhood, was leaving her children ages 10 months old, 3 years old, 5 years old, 8 years old and 10 years old, home alone "frequently". The RP also stated that there is a lot of traffic in and out of the home, especially men, and they come and go until the "wee hours of the morning". The neighbor added that the mother dresses too nicely for someone on welfare. And neighbor believes mother is engaged in some type of illegal activity because "she always has her hair and nails done".

Additional information

The mother in this referral is Dorthea Gibson, a 25 year old African American mother of 5 children. Her children are 10 months old, 3 years old, 5 years old, 8 years old and 10 years old. Her children have 3 different fathers. She has contact with only 1 of the fathers. One of the fathers was recently shot and killed in front of the mother's apartment. Dorthea is a second generation welfare recipient. She dropped out of high school when she became pregnant with her first child. She has tried twice to complete her GED, but has been unsuccessful. Dorthea's neighborhood has had decades of high rates of unemployment. Drug dealing is the major source of income for the neighborhood. Dorthea and her children live in a 1 bedroom apartment which is considered substandard for Section 8 assistance by the Housing Department. This apartment in this neighborhood is the only housing Dorthea can afford on her limited income. Dorthea sometimes smokes marijuana.

CPS history

There are two previous referrals regarding Dorthea's children. The first came in 2 years ago from an anonymous reporter who alleged that Dorthea's oldest child had been sexually abused by Dorthea's boyfriend. The allegations were unfounded. The second referral came in a year and a half ago from a neighbor who reported Dorthea was leaving the children home alone. The neighbor also thought Dorthea was prostituting. These allegations were inconclusive.

---

[9] Vignette provided by Frankie Freitas of the Central Training Academy

Assumptions

After reading the information above, talk with the others at your table about the possible assumptions a social worker could make based on the information provided. Also discuss what action you think should be taken in the case.

Engagement Tips

Overview

Engagement is key to child welfare social work because it improves outcomes (Altman, 2005). Engagement is more than simple compliance, it is positive involvement in a helping process (Yatchmenoff, 2005). It is important to view engagement as the job of the social worker, not the family. When faced with a family member who resists engagement, it is the social worker's responsibility to try to understand what the engagement barriers are, make efforts to engage with family members, assess success of engagement efforts and make changes to the strategies if they are not effective.

Barriers to engagement

Child welfare social workers struggle every day to engage families in the process of

making significant changes to ensure the safety of children. According to Dawson and Berry (2002), social worker attitudes impact engagement somewhat, but the behavior of the social worker is much more impactful in engaging families.

> *These behaviors include: setting of mutually satisfactory goals, providing services that clients find relevant and helpful, focusing on client skills rather than insights, and spending sufficient time with clients to demonstrate skills and provide necessary resources. These practices, when applied in a supportive and non-punitive manner, help to engage clients in treatment (Dawson & Berry, 2002).*

Littell et al. (2001) found a relationship between families with lower rates of participation in services and the following factors:

- Systemic oppression related to ethnic minority status, reduced income, and/or lower educational attainment
- Mismatch of needs and services
- Disagreement about goals of treatment
- Negative expectations

- Substance abuse problems
- Domestic violence
- Mental health problems

The list above can be divided into four areas for social worker attention.

Basic needs
If income is a significant problem and the family cannot meet basic needs, they will not be able to engage with other services.

Socio-cultural factors
If the social worker assesses that the engagement challenge is related to race or class issues, the first step is to reflect on possible biases. If the social worker identifies any race, class or ethnicity based beliefs or expectations that may be interfering with engagement, he or she may be able to change expectations and related behaviors in ways that will improve engagement. The next step is to address the cultural difference with the family. This can be achieved in many ways, but an upfront approach is probably best. If the social worker acknowledges the differences and asks the family to share information about the way their family views things, the family may open up to the social worker and participate in building a relationship through cultural exchange.

Power differential
Families who do not engage because they disagree with the services they have been offered and the goals of treatment may be experiencing a power struggle with the social worker. If the social worker is authoritarian in assigning services and goals and does not collaborate with the family to ensure the services and goals meet the family's needs and are culturally relevant, some families will resist engagement (Healy, 1998). If the social worker is able to recognize the involuntary nature of the relationship, listen to the famly's feelings of powerlessness and loss of control, validate and normalize those feelings for the family, and then work more collaboratively with the family, the family may be able to overcome the anger and mistrust that interfere with engagement (Altman, 2005; Sandau-Beckler, 2001). Social workers must walk a fine line of being respectful, supportive, and empathetic while also being direct and firm when necessary (Altman, 2008; Healy, 1998).

Significant service needs

Family members with significant service needs, especially related to substance abuse or mental health, may not be able to engage because of the problems they are facing. If the social worker consults with a substance abuse or mental health service provider for advice about engaging with a particular family member, the service provider may recommend a specific technique. Working with family members who have problems related to domestic violence introduces a variety of intervening issues related to power and control, fear, and shame. The social worker seeking to engage with family members involved in domestic violence is also encouraged to consult with a service provider in the domestic violence field about the best technique for engagement. In some cases, empowerment through group work can lay the foundation for improved engagement (Thomson & Thorpe, 2004).

Engagement Strategies

The following basic strategies of engagement may be helpful when establishing a relationship with a family:

Establish trust

The social worker must overcome the mistrust inherent in the relationship with families receiving child welfare services. Steps to overcoming mistrust include:

- Recognizing and validating the families' feelings
- Giving family members choices (Altman, 2005)
- Contracting with family members to regain certain freedoms (Altman, 2005)
- Always keeping agreements (Altman, 2008)
- Sharing all available assessment information with families
- Acknowledging all possible outcomes
- Spending time with families (Dawson & Berry, 2002)

Defuse anger

The social worker must defuse the anger felt by the family. Steps to defusing anger include:

- Acknowledging the power differential while expressing the value of collaborating with the family
- Remaining neutral and avoiding passing judgment
- Empathizing with family members' situations and feelings
- Making sure family members know they are valued as partners in the case planning process (Hardy & Darlington, 2008; Ronnau, 2001; Sandau-Beckler, 2001)

Build on strengths
The social worker must explicitly acknowledge strengths within the family and build on strengths in the development of the case plan (Ronnau, 2001; Sandau-Beckler, 2001).

Seek explicit commitment
The social worker must explicitly seek a commitment from the family members to work on the case plan.

Seek feedback
The social worker must ask the family to provide feedback about their experiences with the social worker, the child welfare agency and the services provided.

Focus on skills
The social worker must focus expectations on changing family members' skills rather than changing their attitudes (Dawson & Berry, 2002).

Value engagement
The social worker must value and actively seek engagement. Social work styles that are confrontational and aggressive impede engagement (Forrester et al, 2008) as do social work styles that are neutral to engagement (Thomson & Thorpe, 2004). The following values have been associated with engagement in case planning:

- Valuing the role of the family in child development
- Recognizing that families exist within a larger system
- Viewing family members as partners
- Building on strengths
- Valuing the home as an intervention environment

- Matching needs to services (Ronnau, 2001)

Engaging Fathers

Traditionally, child welfare agencies have not effectively engaged fathers and as a result have missed many potential resources for children. Recent efforts to understand the barriers to engaging fathers have identified that the initial contact with the agency is key to engaging fathers. Fathers who perceive a general atmosphere of blame or bias against fathers from the agency or the social worker during the initial contact will be more difficult to engage. Because of historical bias, fathers perceive that the child welfare system is biased against them. Social workers must make concerted efforts to overcome this perceived bias by focusing on strengths, defining the father as a resource for the child, and calling on the father to participate in all the decisions related to the case (Velazquez & Vincent, 2009).

Steps of Case Planning

Introduction

The Steps of Case Planning offers guidance for social workers completing case plans at distinct stages in the life of a child welfare case: preparing to develop the case plan, developing the initial case plan with the family, working with the family to implement the plan, updating the case plan, special case planning concerns at reunification and special case planning concerns at case closure. As you review these steps, keep in mind the essential steps:

- Learn about the family – who they are and why they are involved with the child welfare system.
- Learn what is good about the family – find their strengths.
- Figure out how to help the family address the factors that brought them into the system – build their strengths into a case plan that the family will find relevant and that will address their specific needs.

Part 1: Preparation

Overview

Your own preparation occurs before you meet with the family to conduct case planning. It requires that you think about key issues *ahead of time* so that you are ready to work with the family in an informed and helpful way. Be careful not to get locked into your own thinking; preparation is a step to being ready to work *with* the family, not a step in finalizing a case plan.

You might prepare by talking to your supervisor or others such as colleagues with special knowledge (e.g., about resources such as culturally relevant parenting classes or problems such as substance abuse). You might talk to a relative of the family or someone in the community who knows the family well.

You might also prepare for case planning by calling together a group of people to meet with the family and the social worker to develop the case plan together.

The additional participants can be support people for the family, community members or service providers. Sometimes these groups are called multi-disciplinary teams. Others are called family group conferencing teams. Case planning that involves other people as supports or resources is called participatory case planning. Among other benefits of participatory case planning, preliminary research has shown that participatory case planning leads to lower rates of subsequent child abuse reports (Altman, 2008).

1. Review what is known

a. Find out who the family is, with a specific focus on their strengths and the factors that brought them into the child welfare system. The best way to start this process is to review what is known. As mentioned previously, the first task is assessment. Assessment of key factors is a foundation for planning. The assessment is a work product that describes specific, prioritized problems and needs that warrant intervention and the strengths and resources of the family and their support system that can be marshaled to reduce these risks. Review the assessments, including the current investigation for new cases, all the assessments for ongoing cases and assessment information from previous cases if available. Note the concerns about safety and risk and the implications for child safety, permanence, and well-being. Note the underlying conditions that contribute to safety and risk (adult factors, child factors, family factors).

b. Review the family's strengths/protective capacities that offset concerns.

c. Consider the information available and make sure you have the information you need. Be sure to talk to the right people and review the necessary records.

d. Review any court orders that must be considered regarding the case plan (e.g., restraining orders, family court orders, probation, or parole conditions).

e. Review the main concerns regarding safety and risk.

f. Find out if the family has an income maintenance social worker. If so, consult with that social worker about linking the child welfare service plan with needs identified by the income maintenance social worker. Counties have protocols for this kind of cooperative work; often called Linkages. Find out your county's Linkages protocol.

2. Tune into yourself and the family

a. Consider your own feelings and how your feelings might help or hinder the planning process. Identify what you can do to reduce possible negative effects. If you feel strongly about an issue or a possible intervention, ask yourself if your feelings are based on the family's situation or your own beliefs. Try to identify any cultural issues that may influence your work with the family and plan specific steps for yourself to actively address them.

b. Try to put yourself in the family's position and consider what the family members are feeling. Identify how these feelings might affect the planning process and the plan itself. Consider the cultural issues that might influence their feelings about involvement with CWS as an agency and/or about working with you as a representative of the agency. Identify the engagement strategies you think will be most likely to address the specific needs of the family.

3. Identify possible services and tasks/activities

a. If placement has already occurred or is likely needed, consider what placement would be the best given the concurrent plan for permanency and the child's best interest.

b. Begin a list of the services and other resources that could be helpful to the family for the objectives and for the concurrent plan. Remember to collaborate with the family when selecting service providers to ensure that services are culturally relevant for the family.

c. Gather materials such as brochures and phone numbers to help the family access services.

Part 2: Planning with the Family

Overview

When you are working with the family to create a case plan, the process should be guided by the following:

- Involvement of the family and others to the greatest extent possible in the planning process and using engagement strategies to help achieve this.
- Clarity about what needs to be achieved and how to do it, i.e., a written case plan that has a good chance of helping the family to reach the goal successfully.
- Helping the family to understand the case planning process in terms of the concept of a "contract for change." Advise the family that the written case plan is a contract that signifies their agreement and yours, as well. This is a commitment for all involved that the family and CWS will follow through on actions identified in the plan.
- Helping the family to understand that the court plays a major role in their case plan by explaining the process and role of the court.

Steps of the planning process with the family

1. Engagement. Families who are engaged in the case planning process have better outcomes than families who have a case plan designed for them without their input (Altman, 2008). According to Healy (1998), engaging families in actively participating in the case plan requires that you address the power differential in the case planning process. You must not compromise on the bottom line safety requirements for the children, but everything else must be open to discussion. During the case planning meeting with the family, you must be open with all the information you have available, including:

a. Being very clear about the role and power of the agency and the court
b. Being very open about all possible outcomes
c. Explaining all the evidence and why you see the evidence as placing the child in danger
d. Describing all the services you have available to meet the family's needs (Campbell, 1997)

You must also listen to the family and take their opinions into account as they provide their perspective on

a. The evidence and their interpretation of how the evidence places the child in danger

b. The resources they have at their disposal to address the concerns (Campbell, 1997)

2. Purposes. Ensure that family members understand the purposes and process of case planning, as well as the written plan. Discuss the following with the family:

a. The main purpose of the plan is to be clear about what needs to be done to create a safe home for the child(ren).

b. The worker and family members (and sometimes the family team) will work together by following all of the steps of service planning. The worker will take notes and refer to them to write the plan. Once the plan is entered into CWS/CMS it will be printed and the family, social worker and social work supervisor will sign it.

c. The plan addresses each child separately.

d. The components of the plan are:

- *Case Plan Participants* include everyone in the family that needs to be included in the case plan.
- The *Case Plan Goal* indicates the primary and secondary permanency goals. The secondary goal is needed only if a child is placed out-of-home and is the same as the concurrent plan.
- The *Contributing Factors* provide a summary of the behaviors that put the child at risk and the supporting reasons. They should focus on MSLC.
- The *Strengths* of the family and the family's support system include the abilities, protective capacities, and resources that they have and can access to resolve the factors that contributed to the risks. **Again, link these to MSLC.**

- The *Objectives* clarify what behavior must be achieved and maintained in behavioral terms. Objectives are based on both the problems and the family's strengths. Objectives have *time limits*.

- The *Planned Client Services* are the *interventions and services* that will be made available. These also have *time limits*. When children are in placement, there are two service tracks (one for reunification and one for the concurrent plan). The *Planned Client Services* include the *responsibilities* of the family and the *time frames, including the schedules* for planned contact between the family members, worker, and (in the case of visitation) between the child and the family.
- *Case Management Services* list what the child welfare agency will do to help the family engage in the case plan. This includes *responsibilities and time frames, including the schedules* for planned contact with the child welfare worker. Additionally, for the following conditions, the *Case Management Services* include:
    - (If a child is placed) a description of what the child needs and how the *placement* is expected to meet those needs.
    - (If the child is 16 or over) a description of the *transitional independent living plan.*
    - (If the young adult is in extended foster care) a description of the supports the social worker will provide to assist the young adult in meeting the goals of the *transitional independent living case plan*.

Example: Our purpose is to create a plan so that your home is safe for your children. We will review the reasons for the plan and what needs to be achieved. Together we'll think about what needs to be done by everybody involved, what services will be available, and the time frames for all of this. Then, I'll write up the plan and bring it back to you. All of us will sign it. This will be a contract between you and CWS. It describes what everyone needs to do.

3. Reasons for a case plan (problems, strengths and needs). Together review the conditions that led to the family's child welfare intervention and the findings of the assessment. Link all issues to the importance of child safety, permanency and wellbeing. Discuss the following with the family and in all cases, be sure to acknowledge where opinions vary, and remain open to considering other points of view:

a. Discuss the identified safety and risk issues.

b. Identify all family strengths and protective capacities, but highlight those that are specifically related to the identified safety and risk concerns.

c. Discuss the priority family needs.

d. Provide clarity about the key issues, i.e., the ones that will drive the service plan interventions and assessment of progress. This prioritizes what will be the focus of the plan.

***Example**: Let's talk about the reasons for the case plan. This will help us create a plan that focuses on the most important things, such as what's needed to make (or keep) your home safe, what your strengths are, and what your needs are.*

4. Permanency goal, objectives, strengths, tasks/activities/ services. Together, identify the primary and secondary permanency goals, objectives, family strengths, and tasks/activities/services to achieve safety, permanency, and well-being in a timely manner.

a. There is a priority of permanency goals, from least intrusive (remain home) to most intrusive (long term foster care with non-related caregiver). You must select the least intrusive permanency goal that will still be sufficient to keep the child safe. The priority order is:

1. Remain home with family maintenance services
2. Return home via family reunification services (including a concurrent plan)
3. Adoption with siblings
4. Adoption
5. Maintain in legal guardianship
6. Legal guardianship
7. Long term foster care with relative
8. Long term foster care with non-relative
9. Stable foster care with emancipation (older youth and young adults)

For non-minor dependent youth the case plan goal will likely be Planned Permanent Living Arrangement (PPLA) with the goal of

successfully transitioning to independence with caring, committed adults who can serve as lifelong connections. Family reunification is another possible case plan goal. Other permanent plans include adult adoption and Tribal Customary Adoption.

In addition to a primary permanency goal, for children in out-of-home care, you must select a secondary permanency goal. This secondary goal is the concurrent plan you will address at the same time the family is working to reunify so that if, at the end of the reunification timeline, the family cannot reunify, the child will already have alternate permanency in place. Note that the final three goals listed above do not reflect actual permanency and should not be used as alternate permanency goals in concurrent planning.

b. Objectives are statements of what specific behavior must be achieved, demonstrated, and maintained to achieve the permanency goal. The objectives must be related to the reasons for the child welfare intervention and achievement of the objectives should be related to the Minimum Sufficient Level of Care (MSLC). CWS/CMS includes a list of objectives with short descriptions that you see on a drop down list and long descriptions that print out on the written case plan. You must choose objectives from the drop down menu in CWS/CMS. You will then add descriptive information to each objective to tailor it to the individual family. Make sure your tailored description is written in language that is easily understood by the family.

   Be sure to complete the descriptions in the case plan notebook, not on the case plan document. Changes made to the document will not be saved in later updates.

The examples below have the CWS/CMS short description, the CWS/CMS long description, and a specific description for a particular family.

Example 1

CWS/CMS Short Description: Do not abuse drugs.

CWS/CMS Long Description: Stay free from illegal drugs and show your ability to live free from drug dependency. Comply with all required tests.

Specific for this family: Over the next three months Mr. Jones will be free from drugs as demonstrated by random negative urinalysis results and as witnessed by family members and service providers.

Example 2

CWS/CMS Short Description: Comply with visitation.

CWS/CMS Long Description: Maintain relationship with your child by following the conditions of the visitation plan.

Specific for this family: Over the next three months Mr. Smith will keep his son safe from injury and emotional trauma during visitation by watching his son closely, being calm with his son and using non-violent discipline to manage his son's behavior as evidenced by social worker observation and self-report.

c. Strengths are statements of the family's positive characteristics. It is important to discuss strengths because building interventions on strengths already present in the family will lead to changes that are better integrated into the family and more likely to last beyond the child welfare intervention (Benard, 2006). In order to make this connection, specifically identify how the strengths offset concerns.

Focusing on strengths also builds engagement with the family and lets them know you see them as more than just a set of problems (Ronnau, 2001; Sandau-Beckler, 2001). CWS/CMS also includes a drop down menu of strengths, but when discussing strengths with the family use individualized descriptions. The example below includes an individualized description and the CWS/CMS option.

Example:

CWS/CMS: Positive attitude.

Specific for this family: Mr. Wilson believes he can learn to understand and meet Ian's developmental needs.

d. Tasks, activities and services are specific statements of what has been designed to help the family achieve the objectives. CWS/CMS includes drop down menus with specific service types. You must add descriptions identifying who, what, when, and where. Your description should also include back up plans for what will happen if a particular service is unavailable or doesn't work to meet the family's needs. The examples below include the CWS/CMS service type and a specific description explaining what each party will do.

Example 1:

CWS/CMS: Case Management Services: Transportation.

Specific for this family: CWS will provide Mr. Duncan with a one-time voucher for $200 to replace tires so that he can drive to the Family Visitation Center to see Thomas.

Example 2:

CWS/CMS: Planned family member services: Substance Abuse (outpatient)

Specific for this family: Mr. Miller will attend and fully participate in all sessions of the outpatient substance abuse treatment program at the Health Won Clinic. He will comply with all requirements of the group. If Mr. Miller cannot attend one of the sessions, he will call the social worker before the session. If the Health Won Clinic has a waiting list, Mr. Miller will call the program every Monday to check his status on the list and will attend at least three AA/NA meetings per week while waiting for a spot in the program.

5. Assessing progress. Together identify how and when to assess progress. Describe each meeting with the family as an opportunity to assess progress and let them know you will be meeting with them at least once per month for

ongoing assessment. Explain that the assessment of progress toward the case plan objectives will look both at completion of tasks and activities, as well as behaviors that indicate progress towards achieving objectives. Plan some times along the way to assess progress other than in monthly meetings. This will allow you to assess the impact of services as they are implemented and will improve your engagement with the family.

> *Example 1:*
>
> Mr. Cook and the social worker will meet by phone three days after each supervised visit for the next three months to discuss the child's needs during the visit and how Mr. Cook met them.
>
> *Example 2:*
>
> Mr. Adams and the multidisciplinary team will meet three months after the case plan starts to review progress in meeting the objectives (staying sober and visiting son), including completed tasks, activities and services.

6. Concurrent planning. Concurrent plans include assessing relatives for permanent placement, assessing the current caregiver for permanent placement and finding a different potential permanent placement. Concurrent planning requires ongoing conversation with family members and substitute caregivers about their willingness and ability to provide permanency, ongoing efforts to locate additional family members who may be willing to provide permanency. These permanency efforts must take place while the family is also receiving services intended to allow them to reunify.

7. Documentation. Record the case plan including the concurrent plan on CWS/CMS and share it with the family. The case plan must be signed by the family, the social worker and the social work supervisor. The supervisor must also approve the case plan on CWS/CMS. The details of the concurrent plan must also be noted in the court report (D'Andrade, 2006).

Part 3: Working the Plan

Overview

When you are working with the family to implement a case plan and monitor progress, you should be guided by the following:

- Providing help with implementation to meet the needs of the family.

  - Using ongoing engagement strategies to build collaboration and participation.
  - Providing frequent and definitive feedback about progress and participation.
- Revisiting the MSLC as you assess to be sure you are not adding expectations beyond the MSLC.
- Focusing on the development of new skills and providing opportunities for demonstration of new skills.
- Allowing for flexibility of timing and choice of service provider when possible to meet changing family needs.
- Remaining aware of safety and intervening as needed if the current case plan is not adequate to ensure child safety.
- Continuing efforts in concurrent planning while the family is working on their case plan.

- Remaining aware of potential bias points and taking steps to ensure bias does not affect the case planning process.

Steps of working the plan with the family

1. Implementation. Break tasks down into manageable pieces. Develop an implementation plan with the family that defines weekly and monthly goals to move them toward completing the services in the case plan and achieving the objectives.

Assess the family in terms of how much concrete guidance they need to complete the steps to access services and move toward achieving objectives. Ask them what they need to help them complete the plan. Ask them how you can help. Some families need very specific step-by-step directions and short term goals to assist them in meeting case plan requirements. For those families who need interim goals and step-by-step instruction, provide weekly activity lists and follow up with them to trouble shoot.

a. Help family members with information as necessary (about services such as phone numbers, addresses, directions, admission procedures).
b. Help family members with tangible logistical supports (bus tokens, vouchers, etc.).
c. Support family members in problem solving and motivation in order for them to follow through on the service plan.

2. Maintain contact. Stay in touch with the family, substitute care provider, other service providers, and key family relatives or friends to remain connected to all involved parties. Regulations require monthly meetings with all children, with families in Family Maintenance, and with substitute care providers for children in out of home care. Continue efforts to engage the family to increase participation in services and decision making. Simply arranging for frequent contact with family members through check-in phone calls or in-person meetings will improve

engagement (Dawson and Berry, 2002). Remaining open to family member's suggestions for problem solving also increases engagement (Littell, 2001), as does providing reassurance and support (Altman, 2008).

3. Assess progress. Observe family members and seek feedback from service providers to engage in ongoing assessment of progress toward meeting objectives and the MSLC. Use engagement strategies to better understand what key people are thinking about progress. Assess what the motivators and barriers are for the family members so that you can develop personalized strategies for helping them (motivation and giving feedback). Get and give periodic written and oral feedback so that you hear from everyone involved about what they think and they hear about your ongoing assessment of progress. Listen to family members about their evaluation of the services they are receiving and when possible, make changes so that services better meet their needs. While it is important to give the family positive feedback about their progress, families report they also need to hear very clear feedback about expectations they are not meeting where they are falling short, and the possible consequences for not

meeting the expectations (Altman, 2008).

Use ongoing assessment to make sure the services the family is receiving are meeting the needs that brought them into the child welfare system.

4. Assess resistance. Consider revising your strategy when you are faced with a family that does not engage with the case plan. Research has found that family resistance is sometimes related to ambivalence or being pushed toward changes

they are not ready or able to make (Altman, 2005; Sandau-Beckler, 2001). Consider what factors may be intervening and leading to resistance including a family need to focus on meeting basic needs, an underlying substance abuse or mental health problem, or a case plan that is culturally irrelevant to the family.

5. Assess safety. Be mindful and alert to indications of risk and the need to revise plans whenever child safety needs are not met, not just before the formal court reviews.

6. Concurrent planning. Continue discussions of concurrent planning throughout the life of the case, inviting family members and potential permanency providers to meet and engage in planning together. The concurrent planning discussion can be very challenging for social workers and family members, so you should be prepared to start with brief conversations at first as you build trust and

comfort with the subject matter. Empower family members to be involved in making permanency decisions and include culture in the discussion.

7. Celebrate success. Acknowledge progress made by providing positive verbal and written feedback to family members. Giving them something you've written that acknowledges achievement of a goal will build self-esteem, trust, and engagement.

Part 4: Case Plan Updates

Overview

Case planning is done at many points during a family's involvement with CWS. The initial planning occurs after the decision is made to open a case. Case planning is also done at intervals along the way such as after a critical event or after a re-assessment. Sometimes case planning is triggered by legal time frames and requirements, and at other times, by changes in the family's circumstances. When changes are made to a case plan, the new case plan is referred to as a case plan update.

Case plan updates are based on an updated assessment of the family's needs, strengths, and progress on the current plan. You will start each update by entering a progress note for each objective detailing family's progress on the current objectives and their participation in the services identified in the plan.

Steps of updating the plan

1. Collateral contacts. Although each progress note should be focused on achieving the objective, you will include service participation details as well. You will gather this information from service providers. Ask service providers to assess both service participation and development of new skills in their communication with you. You will also make contact with the school the child attends and the child's mental health, medical, and dental providers to include information about child well-being. Make these contacts at least 30 days in advance of the case plan update due date to ensure providers have time to send you a thoughtful reply.

2. Assessment. You must complete an updated standardized assessment at the time of the case plan update. Use the assessment to guide your thoughts about the family's progress and to make sure you are considering all the relevant factors as you move forward with the case plan update.

3. Engaging the family in the process. Update the case plan with the family. Ask for their feedback on their progress and include it in the progress notes. Make sure they know in advance what your progress notes will say. Nothing in

the update should come as a surprise to the family. In addition to gathering progress information from the family, engage them in a conversation about the services and whether the services are meeting their needs. Be open to collaborate with the family in this regard and empower them to really consider the benefits of services and the gaps the services are leaving open while you also express your assessment of the strengths and weaknesses of the current services. Work together to find additional or alternate services to fill the gaps. Conducting a follow-up meeting with the multi-disciplinary or family group conferencing team that assisted in the development of the initial case plan can be very useful to engage the family in the update.

4. Progress notes. In completing the case plan update, you must comment on the progress made on the previous objectives. You must comment on every objective. Focus on the objective and the specific behavioral changes included in the objective, but include details about the family members' participation in services and whether or not the service participation has been useful in meeting the objective. When describing a family member's progress or lack of progress on a specific objective, provide details about the basis for your assessment. If there is no progress on an objective despite participation in the associated service, address the need for revising the service in the progress note. Explain why you think the service is not meeting the family member's needs and describe how you arrived at the newly recommended service.

Be sure to complete the progress note in the case plan notebook, not on the case plan document. Changes made to the document will not be saved in later updates.

5. Revision to objectives. Sometimes changes in family circumstances or new information may result in a need to revise objectives at the case plan update. Be mindful of the MSLC

6. Revision to services. Make any needed revisions to services based on your assessment of the service effectiveness.

7. Progress on efforts to achieve permanency. Review your concurrent planning efforts and assess the effectiveness of your efforts.

Part 5: Reunification

Overview

Case planning is associated with reunification for two reasons. First, progress on the case plan objectives and ongoing assessment inform the decision to reunify. Second, the decision to reunify requires a case plan update to revise the permanency goal and address the child's safety needs. In completing a case plan for reunification, you will include planning for the child's transition from the placement back to the parent's home.

Steps of preparation

1. Reunification safety. The achievement of case plan goals resulting in improved safety in the home is the basis for reunification. Your reassessment of the safety in the home will include review of the parent's progress on case plan objectives, the parent-child interactions, any subsequent referrals involving the parents, the caregiver's protective capacity and the child's vulnerabilities.

2. Keeping the focus on the MSLC. When you review the current family situation to assess for reunification, you must base the assessment on the original vision of the MSLC. It can be tempting to compare the family home to the foster home and develop expectations that the parents should meet the same class or culture standards as the foster home. This is not the correct standard for reunification assessment.

3. Update the case plan. Work with the family and if possible the multi-disciplinary or family conferencing team to update the case plan. Use progress notes to describe how the family members' progress on objectives leads to your assessment that the child may safely reunify. Revise the objectives and services as needed to meet the child and family needs to support safe reunification. Use the information from the ongoing standardized assessment to inform case plan and maintain the focus on priority needs.

Steps of making the move

1. Reunification readiness. In addition to reviewing the child's safety in the home and the family's ability to meet the MSLC, you must work with the family

to ensure they are logistically ready and have the resources they will need to reunify. Work together with the family to ensure they can meet the additional financial costs of the child returning home and can provide enough food for the child. Ensure that the family members are aware of community resources for food, clothing, and furniture at reduced cost. Speak to the child's eligibility worker in advance of the move about helping the family to transfer any benefits available in advance to assist with preparing for reunification.

2. Transition planning. You will work with the child, foster parents, and birth parents to allow for a smooth transition that will meet the emotional needs of the child. Each child will respond differently to the reunification and while the social worker and parents may see it as a wholly positive change, this type of significant move can be difficult for children. Increasing the length of visits prior to the actual move can be very useful to achieving a smooth transition. You will also explain to the child (in a way that meets the child's developmental level) the plan for reunification and let the child know what to expect.

3. Be aware of potential bias. Reunification is a particularly challenging stage of child welfare case work for social workers because it can lead to repeated maltreatment and social workers are concerned about exposing children to that risk. According to the most recent data available from the Center for Social Services Research, the California rate of reunification within 12 months (61.9%) is below the national goal (75.2%).

You can improve safe reunification through the use of standardized assessment tools prior to reunification (Hess, Folaron, & Jefferson, 1992).

Part 6: Case Closure

Overview

Updating the case plan at the time of case closure allows you to document the progress made by the family and their ability to meet the MSLC. The case plan update at case closure will also include information about the aftercare services the family will use once the child welfare case is closed

Steps of assessing for case closure

1. MSLC. Review the family's current and immediate future ability to provide a minimum sufficient level of care. Assess for any new or existing issues that create concern about safety and risk. Ability to meet the MSLC is the primary criteria for recommending case closure.

2. Assess safety and risk. Use a standardized assessment to assess whether or not the case can be safely closed. This assessment includes risk factors such as prior maltreatment, the child's strengths and vulnerability, caregiver violence propensity, caregiver protective capacity, caregiver's ability to meet the child's needs, and the caregiver's compliance and progress toward objectives within case plan. It also includes safety factors such as any current maltreatment and the perpetrator's ongoing access to child.

3. Progress on case plan objectives. Assess the progress on the case plan in terms of achieving the objectives and meeting the MSLC. Remember that families can make progress on service plans but not objectives (e.g., they go to parenting classes but don't use parenting skills with their children). This is not sufficient for case closure. Alternately, families may not comply with service plans and still make progress towards objectives (e.g., family doesn't go to parenting classes but uses non-violent and age-appropriate parenting strategies with their children during visits). This can be sufficient for case closure if the achievement of the objectives is adequately demonstrated over time. Progress on both service plans and towards objectives is the most promising set of circumstances for case closure.

4. Assess the needs and strengths. Review available information to determine if more specific information about the underlying needs of the family that has contributed to the concern about MSLC is available and if these needs have been adequately addressed. Consider how family strengths, protective factors and use of resources can be utilized to help the family maintain their achievements with regard to the case plan objectives. Often, the way the family makes progress on their case plan deepens everyone's understanding of how to utilize strengths to make more progress.

5. Engage with the family. Make sure the family and the multi-disciplinary team or family group conference team agree with the decision to close the case. Engage the family in a brainstorming process to list the supports they will need after the case is closed and incorporate that list in the aftercare plan.

6. Plan the transition. Help the family plan transition including planning for bumps in the road and setbacks. Make sure they know what to expect during the transition in terms of risk for relapse and behavioral changes from the children. Make sure service providers know the case is closing so they can be resources to parents during the transition if possible.

7. Develop & document an aftercare plan. Aftercare plans are associated with better outcomes and decreased recidivism (Barth & Jonson-Reid, 2000). Work with the family to develop an aftercare plan that is specifically designed to help the family sustain change. Include plans to participant in specific services to support maintaining the child's safety after the case is closed and resources for additional community services the family may find useful in the future. Rzepnicki (1987) reported that families' aftercare needs frequently include medical and dental services, special education services, and counseling.

Case Plan Preparation Worksheet

Complete the chart below for issues relevant to engaging the Wilson family and developing their case plan. Remember, address only those issues that are relevant to the case plan and focus on achieving the MSLC.

List three potential barriers to engagement:

_____

_____

_____

List three engagement strategies you might use with the Wilson family

_____

_____

_____

List three things you could say or do to engage Mr. Wilson

_____

_____

_____

List three priority needs for the family

_____

_____

_____

Case Plan Components

Component	Definition	CWS/CMS Example
Permanency Goal	Provides the overarching goal for the least restrictive environment needed to ensure safety for the child.	Return home (Reunification)
Contributing Factors	Describes the reason for the intervention, the priority needs of the family, and those key issues that interfere with the family's ability to safely care for the child.	Parent does not control anger.
Strengths	Describes the areas of success the family has, providing an opening for engagement and a foundation for building future success.	Appropriate involvement with child.
Case Plan Objectives	The expression of what success will look like for the family, a specific behavioral change to achieve.	Express anger appropriately and do not act negatively on your influences.
Planned Client Services	The activities intended to provide new skills or knowledge to allow participants to achieve the case plan objective.	Domestic violence program.
Case Management Services	The activities the social worker or child welfare agency will complete to support the family in their efforts.	Referrals to community resources.
Visitation Plan	The description of visits for each child with siblings, parents and other people including method, time, frequency and a description.	In-person, 1 time every 2 weeks
Concurrent Plan	The expression of the Permanency Alternative / Permanency Planning Goal and associated services. Details must be provided in the court report.	Adoption with sibling(s) – CSP Joint Assessment Review
Independent Living Plan Services	Specific services for youth age 15 ½ and older to assist with the transition to adulthood, should match the Transitional Independent Living Plan.	ILP – Career / Job Guidance

Case Plan Notebooks

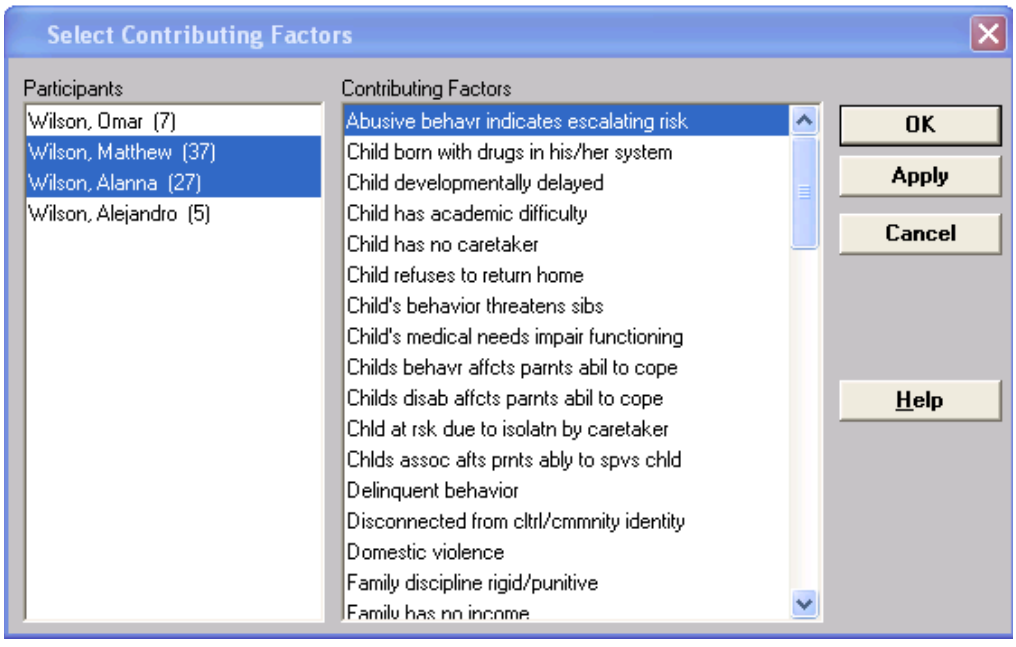
The following CWS/CMS screen shots show the case plan notebooks. Information for the case plan is entered in the case plan notebooks in order to create a case plan. When completing case plans on CWS/CMS, social workers must enter data in the case plan notebooks rather than directly on the case plan template. Information entered on the template will not appear in future updates.

These screen shots include case information from a fictional case.

Contributing Factors

Contributing factors are the priority needs of the family; the issues that interfere with the family's ability to safely care for the child.

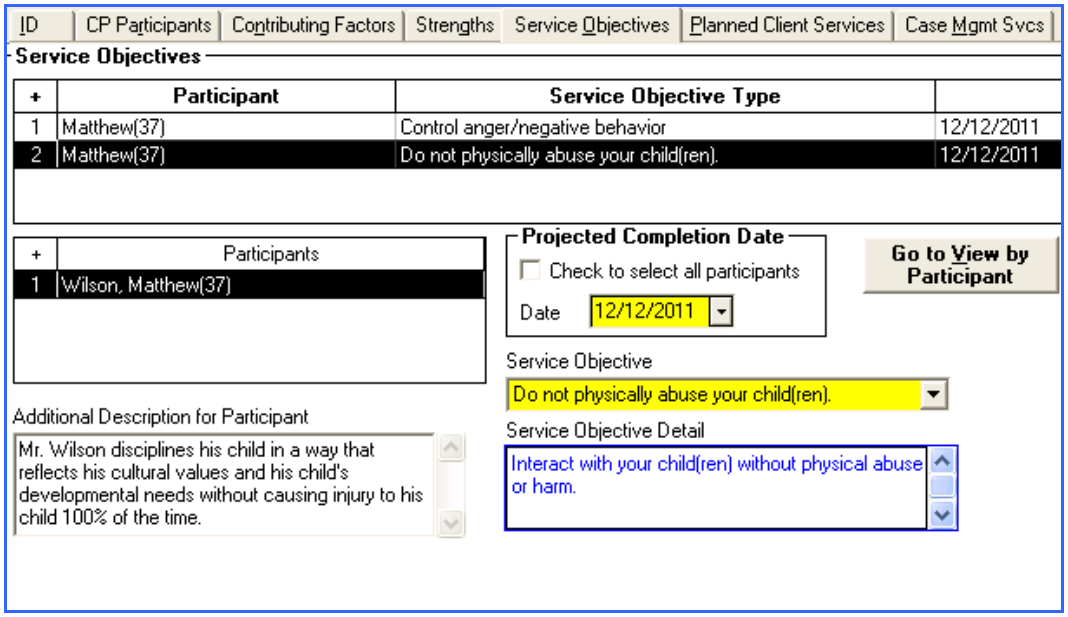
The first screen shot shows the drop down menu for entering contributing factors about each family member. Similar screens are used for the drop down menus for strengths and service objectives.



Service Objectives

The service objectives are the expression of what success will look like for the family; a specific behavioral goal to achieve. The best objectives describe the measurement criteria for the success of the case plan in positive terms.

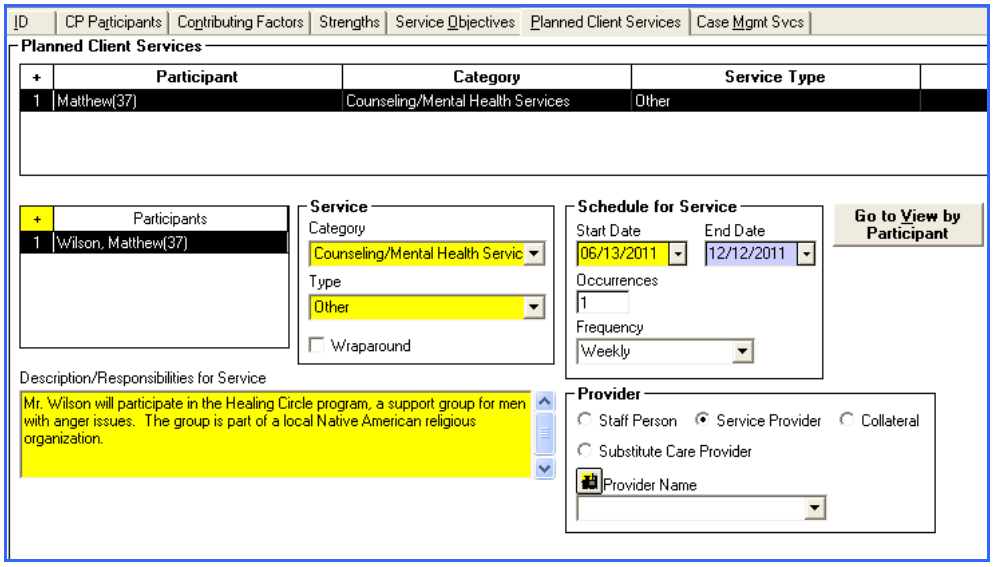
The next screen shot shows the service objective page including a description box allowing the social worker to enter detailed information about the objective. The "additional description for participant" box includes the detail that makes the objective specific, measurable, achievable, relevant and time limited. Every objective should have a description.



Planned Client Services

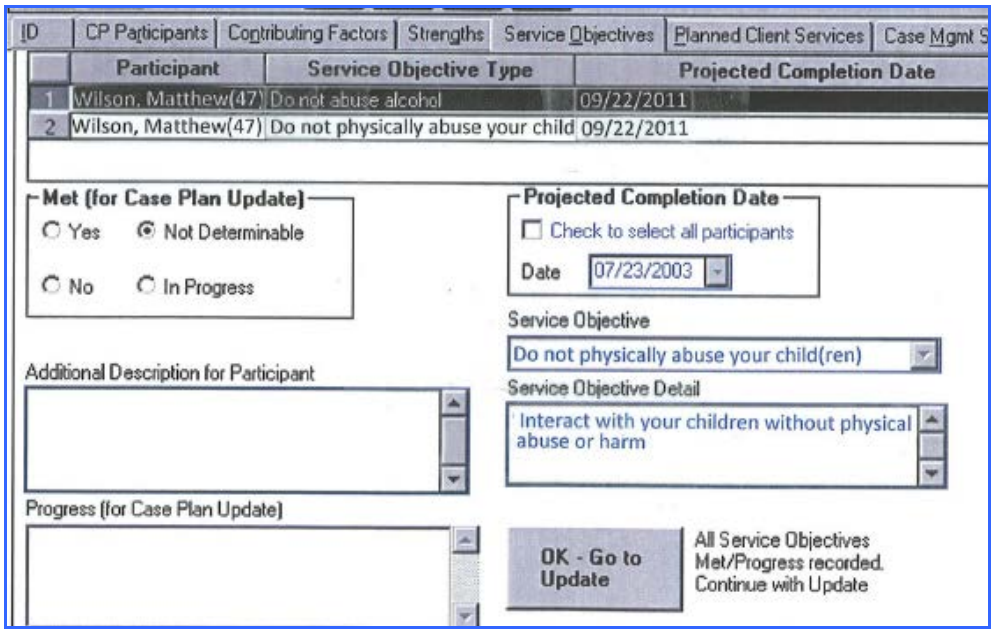
The planned client services are the service activities family members will engage in to help them gain new skills or knowledge to achieve the service objectives.

The next screen shot shows the planned client services notebook (below). This notebook allows the social worker to enter detailed information about the services the family will use to assist them in achieving the objectives. The notebooks includes space to enter times, frequency and duration of services. There is also a space for a description. This description should include details about the service agreed upon by the family and the social worker as well as a back up plan in case the agreed upon service is not available.



Case Plan Update

The final screen shot shows the notebook for entering the case plan update information. For each service objective, the social worker enters a progress note for the case plan update. The progress note must be entered in the current case plan on the service objective notebook. Progress notes entered directly on the case plan document template will be lost in future updates. Each objective will have a progress note detailing the social worker's assessment of the family's progress on the objective and detailing the family's participation in the associated services. Information from the progress note will be gathered from standardized assessment tools, interviews with the family, reports from service providers and interviews with other collateral contacts.



S.M.A.R.T. Objectives and Service Descriptions

Specific
Measurable
Achievable
Result-focused and relevant
Time-limited

An objective is a statement that **describes a specific desired behavioral outcome that will achieve the desired permanency goal.** An objective is a statement of a behavior that must be achieved and maintained in order for the child to be safe.

Objectives are "end states"

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

Objectives must have certain characteristics**: they are specific, measurable, achievable, result-focused, and time-limited (S.M.A.R.T.).** In addition, an objective should be formulated for the **factors that place the child(ren) at risk**. This will assure that planned services are directed toward eliminating the problems that brought the family into the child welfare system, and that they are individualized to meet each need. Part of the worker's responsibility, through casework intervention, is to engage and empower the client to become invested in these objectives in order to succeed.

It is important to remember to focus only on those objectives that relate to the risk of recurrence of maltreatment. Many client families (as well as the rest of us) have multiple areas in our lives where we could make changes that could improve parenting. If these areas are not related to risk they should not be the focus of objectives unless families feel strongly about including them.

▪ Objectives Are Specific

Objectives describe the specific behavioral outcomes that will result in achievement of the permanency goal. An objective clearly describes a behavior that must occur, or that must stop occurring, before the case is successfully closed. (Try to word objectives using positive terms.)

This can create confusion for workers when distinguishing between descriptions of parental behaviors that represent "end states" (objectives) and descriptions of parental behaviors that represent activities (planned services). Like objectives, services are also always written in behavioral terms, because by definition, they are statements of a person's actions.

The differentiating factor is whether the change in the parent's behavior is

- **the desired end in itself (an objective)**

  -OR-

- **a step towards and a means of achieving the objective (a planned service)**

Example:
Specific Objective: Within 30 days, Mr. Lazarus will be able to explain to his social worker how he would use alternatives to corporal punishment methods and only use discipline methods that keep the children free from injury.

Specific Planned Service: Mr. Lazarus will participate in all seven sessions of the "Parents Anonymous" program and will demonstrate at least one method to cope with anger and frustration that does not involve intimidating or hurting others.

Note that the verb in the objective tells us what Mr. Lazarus will do with his sons, while the verbs in the planned service tell us what he will do to move towards the objective.

▪ Objectives Are Measurable

The parties to the plan must be able to reach consensus regarding whether the stated objectives have been accomplished.

The objective must include some easily discernible criteria by which achievement can be measured.

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

Some criteria are easy to observe but more difficult to measure. For example, one cannot write a measurable objective related to home cleanliness by quantifying the amount of dirt that is allowable in a home. A practical solution is an objective that **includes many observable behaviors that are associated with cleanliness.** For example, "the floor will be cleared of dirt, dust, debris, food, and garbage." The objective provides realistic and measurable criteria against which to measure home cleanliness.

Workers may be accustomed to writing objectives that contain the word **improve** such as "improved child care" or "improved housing conditions." **Objectives that contain the word "improve" are neither observable nor measurable.** "Improve" implies the existence of a describable baseline and a describable increase from the baseline. It also sometimes implies underlying values that define some behaviors as more desirable than others. If observers have different values, they may not agree on what can be considered an improvement. In neither case is there an adequate description of an end state that can be measured.

▪ Objectives Are Achievable

Objectives must be realistic so that clients are able to accomplish them.

For example, "Over the next 6 months, Mr. Lazarus will demonstrate the ability to discipline his children during visits without using physical punishment" is achievable; "Mr. Lazarus will not discipline child" is neither achievable nor desirable.

▪ Objectives Are Relevant and Result Focused

This characteristic of objectives appears deceptively self-evident. It is not uncommon, however, for workers to derive their objectives from a "laundry list" of potential conditions that might improve parenting or care of the child. For example: "Ms. Lazarus uses non-violent methods of disciplining her child, including time-out and restriction of privileges as reported by the child and as witnessed by the social worker" could be an appropriately written objective but not for all situations in which there has been child maltreatment.

Objectives must be selected in the context of the factors that put the child at risk.

If the assessed problem is that the mother is alcoholic and has blackouts during which time the child receives no care, the objective stated above is unrelated to the assessed problem. A better (more relevant and result focused) objective would be, "Ms. Lazarus will remain sober at all times she is supervising her children and will ensure that her children are adequately supervised at all other times as evidenced by social worker observation, service provider observation and no new referrals for neglect during the next 60 days."

▪ Objectives Are <u>Time-Limited</u>

A timeframe within which the objective can reasonably be expected to be completed should be included in the objective statement.

The assignment of a timeframe provides an additional criterion by which achievement of the objective can be measured.

Time should not be thought of just in terms of "court time." Smaller blocks of time for specific activities to be completed work best with clients who may be overwhelmed with the prospect of completing the whole case plan. However, in order not to have to revise the written plan unnecessarily, it is best to have larger blocks of time (consistent with court times) stated for objectives. Smaller blocks of time are more appropriate for services that are known to be time-limited.

Note that the example above illustrates MSLC, in other words, Ms. Lazarus' sobriety is only relevant when it is related to supervising the children. She can have her mother watch the kids overnight (as long as her mother is an adequate caregiver) in order to drink alcohol because she is fulfilling the MSLC requirements.

CWS/CMS Case Plan Drop-Down Options

Note: *This is not a complete list.It was compiled for training purposes only.*

Service Objectives
Able and willing to have custody. Show your ability and willingness to have custody of your children.
Accept disclosure made by child. Listen to and show acceptance and support of the disclosure made by your child.
Acquire adequate resources. Obtain resources to meet the needs of your child and to provide a safe home.
Acquire basic cooking skills. Learn basic meal planning and cooking skills.
Acquire basic skills to seek employment. Be able to complete job applications and to participate in job interviews.
Acquire shopping, budgeting, and money management skills. Learn to develop/balance a budget and learn to shop within your means.
Allow victim confrontation. Listen and respond appropriately when child is ready to confront you about your behavior.
Arrange child care/support during your absence. Be willing and able to arrange appropriate child care and supervision when you are away from home.
Complete Domestic Violence Program. Attend and demonstrate progress in County Certified Domestic Violence Prevention Plan.
Comply with visitation. Maintain relationship with your child by following the conditions of your visitation plan.
Control anger/negative behavior. Express anger appropriately and do not act negatively on your impulses.
Cooperate w/Concurrent Services Planning. Cooperate with services to achieve legal permanency.

Cooperate to establish guardianship. Cooperate with staff to establish a guardianship for the child.
Develop Domestic Violence Prevention Plan. Develop and use a specific domestic violence Relapse Prevention Plan for yourself.
Develop supportive interpersonal relationships. Develop positive support systems with friends and family.
Do not abuse alcohol. Stay sober and show your ability to live free from alcohol dependency.
Do not abuse drugs. Stay free from illegal drugs and show your ability to live free from drug dependency. Comply with all required drug tests.
Do not break the law. Do not break the law. Avoid arrests and convictions.
Do not involve you child in Dom. Viol. Do not involve your child in attempts to control or intimidate your partner.
Do not neglect your child's needs. Meet your child's physical, emotional, medical, and educational needs.
Do not physically abuse your child. Interact with your child without physical abuse or harm.
Do not sexually abuse your child.
Do not use physical punishment.
Eliminate danger to physical health. Remove identified dangers to your child's physical health.
Follow conditions of probation/parole. Follow all conditions of probation/parole.
Have no contact with your child. You will not contact your child by phone, in writing, or in person.
Improve basic self care grooming, dressing, hygiene. Improve grooming, dressing, and hygiene.
Know age appropriate expectations. Show that you know age appropriate behavior for your child.
Maintain problem-free school behavior.

Follow all school rules. Do not create any behavior problems at school.
Maintain suitable residence for child. Obtain and maintain a stable and suitable residence for yourself and your child.
Monitor/correct child's behavior. Show your ability to supervise, guide, and correct your child at home, school, and in the community.
Monitor child's health, safety, and well-being. Pay attention to and monitor your child's health, safety, and well-being.
Obtain/finalize adoption. Cooperate with staff person(s) working to finalize adoption for the child.
Obtain/maintain legal source of income. Have and keep a legal source of income.
Positive interaction during child visits. Be nurturing and supportive when you visit your child.
Prepare for independent living. Participate in independent living program.
Protect child from contact with abuser. You will not allow any contact between the abuser and your child.
Protect child from emotional harm. Protect your child from emotional harm.
Protect child from physical abuse. Show that you will not permit others to physically abuse your child.
Protect child from sexual abuse. Show that you will not permit others to sexually abuse your child.
Protect self from abusive relationships. Take appropriate action to avoid being a victim of further domestic violence.
Provide appropriate/adequate parenting. Consistently, appropriately, and adequately parent your child.
Provide care for child's special needs. Show your ability to understand your child's feelings and give emotional support.
Provide emotional support for child.

Show your ability to understand your child's feelings and give emotional support.
Receive age appropriate services. Receive age appropriate, child oriented services.
Refrain from domestic violence. Do not behave in a manner that is verbally, emotionally, physically, or sexually abusive or threatening.
Stabilize mental health. Comply with medical or psychological treatment.
Support placement with potential legal guardian. Cooperate with staff person(s) to support the child's placement with a potential legal guardian.
Support long term placement for the child. Cooperate with staff person(s) to support a long term placement for the child(ren).
Take responsibility for actions. Show that you accept responsibility for your actions.
Treat others with respect.
Will complete vocational training. Enroll and complete vocational training.
Will remain in school until graduation/GED. Attend school on a regular basis until graduation or GED.

Planned Client Services/Client Responsibilities
Domestic Violence Program
General Counseling
Psychiatric/Psychological Assessment
Psychotropic Medical Evaluation/Monitoring
Sexual Abuse
Therapeutic Day Treatment
Other (Education)
Parent Education Program
Special Education

Teaching and Demo Homemakers
Temporary Caretakers
Tutoring
Family Preservation Services
FP – Teaching and Demo
FP – Other
Counseling
Other (Substance Abuse)
Substance Abuse (inpatient)
Substance Abuse (outpatient)
Substance Abuse Testing
Twelve Step Program

Health/CHDP Services
Dental Visit
HEP-CHDP Equivalent Physical Exam
HEP-CHDP Physical Exam
HEP-Periodic Dental Exam
Medical Visit
Medication Management
Other (*Description Mandatory*)
Provide Medical Consent
Provide Medical/Dental Information

Independent Living Skills Program (ILSP)
ILP – Career/Job Guidance
ILP – Consumer Skills
ILP – Education
ILP – Health Care
ILP – Home Management

ILP – Housing Options/Locations
ILP – Interpersonal/Social Skills
ILP – Money Management
ILP – Other (*Description Mandatory*)
ILP – Parenting Skills
ILP – Time Management
ILP – Transitional Housing
ILP - Transportation

Case Management Services/Agency Responsibilities
Arrange and maintain placement
Arrange emergency shelter care
Arrange service delivery
Arrange transportation
Arrange visitation (*See "Visitation Schedule" below*)
Arrange/Refer legal consent
Obtain medical consent
Other (*Description Mandatory*)
Perform case planning activities
Provide crisis intervention
Referrals to community resources
SW planned contact (*See "Contact Schedule on next page*)
Transport client

Concurrent Planning
CSP – Assess for Adoptions
CSP – Disclosure to Birth Parents
CSP – Joint Assessment
CSP – Other (*Description Mandatory*)
CSP – Recommend Permanency Alternative

CSP – Refer/Complete Adopt. Home
CSP – Refer/Complete Guardian Assmt.
CSP – Refer/Complete Relinquishment
CSP – ID/Assess Permanency Plan
CSP – Place in Permanency Plan

CWS/CMS Objectives and S.M.A.R.T. Descriptions Worksheet

Find the best CWS/CMS option and write a S.M.A.R.T. Description. Remember to use language easily understood by people of any educational level.

Scenario 1

CWS/CMS Objective	S.M.A.R.T. Description

Scenario 2

CWS/CMS Objective	S.M.A.R.T. Description

Examples of S.M.A.R.T. objective statements based on the type of maltreatment that occurred[10]

These examples must be adapted to meet the unique facts of a case.

#1 The parent is not routinely performing parenting duties that assure the safety or well-being of the child; or, a child has been left alone for periods of time longer than the child is able to provide self-care.

MSLC:

- A responsible adult is in the home providing care and supervising the child all the time. (Define responsible adult as it relates to the maltreatment that that occurred.
    - Example: Responsible adult includes the skills of providing the basic daily care of a two year old. The responsible adult will not allow the child to have unsupervised contact with XX)
- For younger children and infants: The adult must be within sight and/or sound distance of the child at all times. An adult, while in charge, is sober and able to respond to the child needs at all times, including being able to wake up and respond to a child's needs.
- A plan for supervision by a responsible babysitter exists and is implemented whenever the parent is away from the home or is not able to provide adequate supervision, i.e. is intoxicated or impaired in any manner.

#2 A parent's behavior is violent and/or s/he is acting dangerously or violently toward the child.

MSLC:

- The non-offending parent or another responsible person prevents the abusive parent from behaving violently and acting on his/her violent impulses towards the child.

---

[10] Used with permission. Copyright Rose Marie Wentz, 2010

- The offending parent is able to interact with his/her child without the use of dangerous or violent actions or language. (Provide examples based on the actual incidents of maltreatment.)
- The offending parent is able to discipline his/her child without the use of physical force that leaves marks or harms the child and without the use of threatening, demeaning or violent language.
- The parent will ask for help from another adult if s/he feels the urge to harm the child physically or emotionally and/or leave the child with another adult until the parent has regained self-control.
- The child has a plan and is capable of acting on the plan in a crisis on how to call for help and/or go to a safe place if the parent begins to show signs of acting dangerously (for older children).

#3 A parent's perceptions of a child are extremely negative; the parent is verbally abusive; or the parent believes the child is "the problem."

MSLC:

- The parent is able to communicate with his/her child in a manner that says s/he cares for the child, praises the child for positive behaviors or characteristics or using other methods of giving positive information to the child about him/herself.
- The parent acknowledges to the child that the parent is responsible for the problem/incident/abuse.
- The parent will not blame, shame or criticize the child. Instead s/he will use praise, role modeling more appropriate behaviors or ignoring of inappropriate behaviors. (Insert the parenting techniques the parent is learning in his/her class or treatment.)

#4 The family's home is physically unsafe to a level that a child has been or could be harmed.

MSLC:

- The family's home will have all dangerous chemicals either removed or locked in a manner that a child of this age cannot access the chemicals.
- The house will have a safe method of heat that ensures a temperature of at least 60 degrees at all times. (The actual temperature may vary depending on the child's age and health condition.)
- The house will be kept clean enough so that a crawling baby will not have contact with old/spoiled food, animal food, human or animal waste,

dangerous items such as knives, etc. (provide examples related to the condition of the home).

#5 The parent has used physical discipline to a level that has harmed the child by leaving marks or other forms of physical harm.

MSLC:

- The parent will be able to describe household rules and expectations s/he has to the child. The parent is able to describe consequences the child will have for obeying or disobeying these rules.
- The parent is able to demonstrate the use of the consequences both for positive and negative behaviors.
- The consequences or discipline cannot include any methods that would leave marks or harm the child. (Add specifics example of what occurred in the previous maltreatment.)
- The parent will ask for help from another adult and/or go to another room if s/he feels it is possible that the discipline might become violent or harm the child.

#6 The parent's lack of understanding of the child's developmental abilities has harmed the child.

MSLC:

- The parent will be able to calmly communicate expectations s/he has for the child that are appropriate based on the child's developmental age and/or unique needs/abilities.
- A two year old child will be in sight and/or sound distance of a capable person at all times, even when the child is sleeping.
- A nine year old child will have a capable adult or teenager available to help when s/he is caring for her younger siblings. The older person must be close enough to be able to physically help the child within a few seconds.
- The parent is able to describe and give instructions to his/her ADHD child in a manner that is likely to lead to the child understanding what is expected, i.e. each direction is broken down into small steps. Each step is completed by the child before the parent tells the child the next step. (Obtain parenting examples for special needs children from an expert.)

#7 The parent has not provided appropriate medical care for a child.

MSLC:

- The parent ensures that the child attends appointments or completes medically recommended treatments.
- The parent is able to demonstrate how to provide medical care for his/her child as recommended by the medical expert. (add specifics)
- The parent is able to respond to the child's medical emergencies by noticing the warning signs and following directions provided by the medical expert.

#8 The parent has had sexual contact with the child.

MSLC:

- The parent is able to describe appropriate level of physical contact between a parent and child. (Add specifics given by sex abuse expert.)
- The parent acknowledges his/her inappropriate behaviors and takes full responsibility for his/her actions.
- The parent will follow all the rules or boundaries established by the child and the child's therapist regarding the relationship.
- The parent will not touch the child without the child's permission.

#9 The parent has failed to protect the child from the other parent or other people.

MSLC:

- The parent will provide supervision for the child whenever the offending parent is with the child. (Define the level of supervision needed.)
- The parent will ensure that the abusive parent has no contact with the child.
- The parent will intervene and protect the child if the abusive parent shows signs of inappropriate behaviors. The parent will remove the child from the other parent and/or immediately ask for help if s/he is unsuccessful in stopping the other adult's inappropriate behavior. (May need to give examples.)

Taking It Home

When I am back at work I want to remember…….

Sample Initial Case Plan

CHILD WELFARE SERVICES INITIAL CASE PLAN - [COURT]

CASE PLAN PARTICIPANTS

PARENTS/GUARDIAN

Name	Date Of Birth	Relationship	To
Melissa	10/02/1975	Spouse	Gerard
		Mother (Birth)	Vivian
Jessie	07/18/1966	Spouse	Mary
		Father (Birth)	Vivian

CHILD(REN)

Name	Date Of Birth	Age	Sex	Court Number
June	06/14/2009	5 y	F	JXX-XXXXX

CASE PLAN GOAL

Name	Case Plan Goal	Projected Completion Date	Projected Date For Termination Of Child Welfare Services
June	Reunification	06/15/2014	12/16/2014

Danger Statement

CWS, Shana, and Patrice are worried that Jesse and Melissa will continue to use drugs, have drugs around the kids, not obtain medical care for the kids, involve the children in illegal activity, and as a result the kids could test positive for drugs again and get very sick, get kidnapped, be scared, and continue to be dirty in an unsafe home.

Safety Goal

Jesse and Melissa will work with CWS and their safety network to develop a plan and show everyone that they are clean and sober, have legal means to provide a safe home for their children, obtain medical care for their kids, and do not involve their children in illegal activity. CWS will need to see this plan in place and working continuously for six months before CWS would feel that it would be safe to consider returning the children home.

CASE PLAN SERVICE OBJECTIVES AND CLIENT RESPONSIBILITIES

Melissa and Jesse

SERVICE OBJECTIVES

1. **Develop a positive support system with friends and family**

Projected Completion Date

06/15/2014

Description

Melissa and Jesse will identify two members of their safety network who they can call to come pick up the children if they relapse.

The family agrees to have two neighbors in their safety network who know everything about their drug use and are authorized to call the police or the social worker if they suspect drug use has resumed.

If the children are returned, two members of the safety network visit twice per week to check the house, make the sure the children are clean, and that they do not see any signs of the parents using drugs.

2. **Stay free from drugs and show your ability to live free from drug dependency.**

Projected Completion Date

06/15/2014

Description

Melissa and Jesse will have negative drug test results.

Melissa and Jesse can identify reasons why they began using drugs and five triggers for relapse and develop a plan for how to avoid or handle those triggers without using.

Melissa and Jesse will write a letter to their children describing how their children were affected by their drug use and what they are going to do in the future to insure their children are not impacted by their drug use again.

3. **have a legal means of income and will meet their child's physical, emotional, medical and educational needs**

Projected Completion Date

12/16/2014

Description

Melissa and Jesse will be able to describe activities that their children should be doing at their ages and what activities are not safe for their children at their ages. They will demonstrate during visits that they can play with their children using these age-appropriate activities.

Melissa and Jesse will have a job or apply for cash assistance.

Melissa and Jesse will attend all medical, dental, and development al appointments, repeat what the doctors, nurse, and providers recommend for their children and follow through with all of those recommendations.

CLIENT RESPONSIBILITIES

			Times	Frequency	Completion Date
1.	**Education Services**	**Parenting Education Program**			06/15/2014

Description

By January 5, 2014, Melissa and Jesse will participate in a mutually agreed upon parenting class for parents of children with emotional problems. During meetings with the social worker and during visits with June, Melissa and Jesse will discuss and use the techniques she learns in the class to demonstrate her new skills.

2.	**Substance Abuse Services**	**12-Step Program**	2	Weekly	06/15/2014

Description

Starting January 5, 2014 Melissa will attend 2 NA/AA meeting per week. By March 5, 20014 Melissa will find a sponsor. Documentation will be provided to the social worker monthly and as requested. Melissa will not use drugs/alcohol/non-prescription medication.

3.	**Substance Abuse Services**	**Substance Abuse Testing**			06/15/2014

Description

Staring January 5, 2014, Melissa will participate in a random drug/alcohol testing and all tests will be negative. Missed tests and dilute samples will be considered positive.

June

SERVICE OBJECTIVES

1. **Receive age appropriate, child oriented services.**

Projected Completion Date

12/16/2014

Description

June will have the educational services, medical and dental care she needs to prevent illness and encourage development as agreed upon by Vivian's physician, dentist, teacher and social worker.

2. **Comply with medical or psychological treatment.**

Projected Completion Date

12/16/2014

Description

Within six months, June will show that she has control over her behavior during stressful interactions by maintaining eye contact and as witnessed by her therapist, teachers, parents, foster parents and social worker.

CLIENT RESPONSIBILITIES

	Activity		Times	Frequency	Completion Date
1.	**Counseling/Mental Health Services**	**Other**	1	Weekly	06/15/2014

Description

June will participate in weekly therapy with a therapist mutually agreed upon by the parents and social worker. The therapy will explore issues related to bonding and attachment and exposure to traumatic violence.

VISITATION SCHEDULE

CHILD(REN) - PARENT(S)/GUARDIAN(S) VISITATION

Melissa, June

Method		Times	Frequency	Beginning Date
In-Person	Supervised visitation will take place a minimum of one hour per week in the CWS office or in the foster home. As Melissa becomes involved in services and increases the safety in her home, visits will increase to a maximum of unsupervised visits all day Saturday with one overnight per week. In-person visits and phone calls may be supervised if needed to ensure June's safety.	1	Weekly	12/15/2013

AGENCY RESPONSIBILITIES

CASE MANAGEMENT SERVICES

1. Perform Case Planning Activities

For Whom	Beginning Date
Melissa, Jesse, June	12/15/2013

2. Referrals to Community Resources

For Whom	Beginning Date
Melissa, Jesse, June	12/15/2013

3. Arrange and maintain placement

For Whom	Beginning Date
June	12/15/2013

CONCURRENT SERVICES PLANNING

Permanency Alternative / Concurrent Planning Goal

For Whom	Concurrent Planning Goal
June	Adoption

1. Assess for Adoptions

For Whom	Beginning Date
June	12/15/2013

CONTACT SCHEDULE

SOCIAL WORKER – CHILD CONTACTS

June

Method	Times	Frequency	Beginning Date
In-Person	1	Monthly	12/15/2013

SOCIAL WORKER – PARENT(S)/GUARDIAN(S) CONTACTS

Melissa, Jesse

Method	Times	Frequency	Beginning Date
In-Person	1	Monthly	12/15/2013

SOCIAL WORKER – SUBSTITUTE CARE PROVIDER CONTACTS

Method	Times	Frequency	Beginning Date
In-Person	1	Monthly	12/15/2013

ACKNOWLEDGMENT OF PARENT(S)/GUARDIAN(S)

IN SIGNING THIS CASE PLAN, I ACKNOWLEDGE THAT I:

- Participated in the case plan development.
- Agree to participate in the services outlined in this case plan.
- Received a copy of this case plan.

SIGNATURE OF MOTHER/GUARDIAN	**DATE**
SIGNATURE OF FATHER/GUARDIAN	**DATE**
SIGNATURE OF OTHER	**DATE**
SIGNATURE OF OTHER	**DATE**

NON-SIGNATURE EXPLANATION

SIGNATURE OF INTERPRETER (1)	**DATE**
SIGNATURE OF INTERPRETER (2)	**DATE**

			DATE
SOCIAL WORKER	**Caseload**	**Phone Number**	
			DATE
SUPERVISOR		**Phone Number**	

Wilson Family Initial Case Plan Worksheet

Strengths	
Contributing Factors	
Priority Needs	

CASE PLAN GOAL: **Omar Wilson**					
Goal		Projected Completion Date		Projected Service Termination Date	

CASE PLAN GOAL: **Alejandro Wilson**					
Goal		Projected Completion Date		Projected Service Termination Date	

CASE PLAN SERVICE OBJECTIVE: **Alana Wilson**	
Service Objective	
S.M.A.R.T. Description	
Projected Completion Date	

CLIENT RESPONSIBILITIES: **Alana Wilson**					
Activity	Counseling/Mental Health Services General Counseling				
Times		Frequency		Completion Date	
S.M.A.R.T. Description					

CASE PLAN SERVICE OBJECTIVE: **Matthew Wilson**
Service Objective
S.M.A.R.T. Description
Projected Completion Date

CLIENT RESPONSIBILITIES: **Matthew Wilson**					
Activity					
Times		Frequency		Completion Date	
S.M.A.R.T. Description					

CASE PLAN SERVICE OBJECTIVE: **Omar Wilson**
Service Objective
S.M.A.R.T. Description
Projected Completion Date

CLIENT RESPONSIBILITIES: **Omar Wilson**					
Activity					
Times		Frequency		Completion Date	
S.M.A.R.T. Description					

AGENCY RESPONSIBILITIES - CASE MANAGEMENT SERVICES	
Service	
For whom	
Beginning Date	

Concurrent Planning Two Minute Pitch

The two-minute pitch is a prepared statement about 2 minutes in length to use to engage listeners in a discussion about something they might not want to discuss. The pitch is simple and straightforward, using direct language and getting straight to the point.

Key points

There are several important points to include in developing a 2 minute pitch:

- **Express the importance of the subject.** Use words and body language to convey the value of the subject. This can be as simple as sitting forward in your chair, making eye contact and saying, "Now this is a really important thing we need to plan together for the future of your family."
- **Define the subject matter in a way that is meaningful.** For the purposes of a concurrent planning 2 minute pitch, it is important to define concurrent planning without making it seem like a threat or punishment. It may help to let families know the laws about permanency and the timelines for reunification. Some social workers connect the concept to cultural practices for providing a plan for care of children in the event of a parent's death, i.e., godparents. It can help to explain that the social worker doesn't want to have to make these plans alone should the need arise, but wants the family to decide what would benefit the children in case they cannot return home. Be clear with the family about the role of the court in the concurrent plan, making sure that they know the court will have a say in the plans for the child.
- **Explain the benefit of the subject matter; define how it helps the listener.** For the purposes of concurrent planning, describe the benefits in a child and family centered way. Some families may find meaning in a personal story about a child who emancipated from the system and the difficulties that child faced. Others may respond more to general statistics about outcomes for youth who emancipate from foster care compared to youth who find permanency. According to Wald and Martinez (2003):

Teenagers who remain in care until they reach 18 experience major problems after they leave the child welfare system. Several studies over the last 15 years find that from 2 to 4 years after leaving foster care only half of all the youth were regularly employed, over half the young women had given birth to a child and were dependent on welfare support, nearly half the population had experienced arrest, and a quarter had been homeless.

- **Give examples.** In discussing concurrent planning, make sure the family knows that concurrent planning is not the same as arranging for a stranger to adopt their child. Provide a range of possible plans.
- **Pull the family in to the conversation.** Ask the family for their wishes in determining the concurrent plan for their child.
- **Keep it short.** For the first conversation about this emotionally laden topic, you may be just introducing the topic and laying the seeds for future conversations. Be prepared to follow this introduction with regular discussions of concurrent planning spread out over several visits and repeated throughout the life of the case.

Develop your own two minute pitch

Express the importance of the subject

Define the concept

Explain the benefits

Give examples

Pull the family into the conversation

Visitation

- The primary purpose of visiting, in most cases, is to allow children to maintain relationships with their parents, siblings, and others who were close to them prior to placement. The younger the child, the more frequent the contact must be in order to maintain relationships. Especially for young children, frequency is much more important than length.

Frequent visitation is linked with reunification (Leathers, 2002).

- Visitation is usually important for maintaining family connections even when reunification is not the permanency goal. Birth family connections allow children the opportunity to develop permanent positive attachments, preserve these ties, and learn how to maintain long-term relationships. Many youth return to their family of origin when they age out of the system. Many children are adopted by relatives and see their birth parents anyway. Some children whose relationships with birth parents are severed seek them out in adulthood.
- Visiting should never be used as a reward or punishment. Changes in visiting arrangements should reflect assessment of risk to the child and progress toward achieving the permanency goal, not attempts to reward or punish either the child or the parents' behavior. It is best to start with the social worker initially supervising a visit to assess the visitation needs. The social worker can then work with the family to establish a plan for moving toward unsupervised visits. The plan should be explicit with behavioral markers for parents to achieve as they move toward unsupervised visits.
- Supervised visitation is an opportunity for the social worker to assess a parent's progress with respect to caring for his/her child and also to assist/teach the parent and to observe how the parent responds. This is critical because the best measure of how well a parent is doing in being able to provide a safe and nurturing home is the quality of the parent's actual interaction with the child.

- Visiting should occur in settings that encourage the most natural interaction between family members, while minimizing any risk to the child that may exist. It can, and should, include parental and family participation in normally occurring events in the child's life (e.g., school conferences, medical appointments, church programs, and athletic activities).
- When parental rights are terminated, and there will not be continuing face-to-face contact between the parents and the child, consideration should be given to a goodbye visit between the parents and the child, and a determination must be made concerning continuing visits between the child and siblings placed elsewhere.

Visitation Plan Considerations

- ❑ How long will this Visitation Plan last (number of weeks or months)?
- ❑ Who will be included in the visits (parents, siblings, others)?
- ❑ How often will face to face visits happen? What is the plan to increase frequency of visits?
- ❑ Where will the visits take place? What is the plan to move to less restrictive locations for the visits?
- ❑ What time will the visits start and end? What is the plan to extend the length of visits?
- ❑ What activities are planned for the visits? How do the activities fit into the case plan?
- ❑ Are there special conditions for the visits regarding things like topics of conversation, gifts, phone calls to other people during the visits, photos or other specific requirements?
- ❑ Who supervises visits? How will the level of supervision change over the course of the plan? How will all involved know what to expect about decreasing the level of visit supervision?
- ❑ What are the transportation arrangements?
- ❑ What is the plan for other contact such as phone calls, letters, email, text messaging, etc.?

Case Planning with Matthew Wilson

What engagement strategies did the social worker use?

How did the social worker help Mr. Wilson link the planned services to his strengths?

How did the social worker help Mr. Wilson link the planned services to the problems he is having with anger?

How did the social worker help Mr. Wilson link the problems he is having with anger and the objectives regarding Omar's safety?

How did the social worker help Mr. Wilson link the goal of reunification and the objective regarding Omar's safety?

Sample Case Plan Update

CHILD WELFARE SERVICES CASE PLAN UPDATE - [COURT]

CASE PLAN PARTICIPANTS

PARENTS/GUARDIAN

Name	Date Of Birth	Relationship	To
Mary	10/02/1975	Spouse	Gerard
		Mother (Birth)	Vivian
Gerard	07/18/1966	Spouse	Mary
		Father (Birth)	Vivian

CHILD(REN)

Name	Date Of Birth	Age	Sex	Court Number
Vivian	06/14/2004	5 y	F	JXX-XXXXX

CASE PLAN GOAL

Name	Case Plan Goal	Projected Completion Date	Projected Date For Termination Of Child Welfare Services
Vivian	Reunification	12/16/2009	12/16/2009

ASSESSMENT SECTION

Statement of Family Strengths

Mary
Good communication skills
Disciplines appropriately
Child shows comfort in parent's presence
Realistic expectations of child
Employable skills

Gerard
Community support utilized
Motivated to solve problems
Employable skills
Extended family / friend support
Goal setting / planning skills

Adequacy And Continued Appropriateness Of The Case Plan:
This case plan has been amended and updated based on assessment of the safety and risk factors, the parents' protective capacity and their progress on case plan objectives.

CASE PLAN SERVICE OBJECTIVES AND CLIENT RESPONSIBILITIES

Mary

SERVICE OBJECTIVES

1. **Develop and use a specific domestic violence Relapse Prevention Plan for yourself.**

Previous Service Objective	Projected Completion Date	Objective Met
Yes	12/16/2009	In Progress

Description

Over the next 6 months, Mary will employ nonviolent solutions to resolve interpersonal conflict in her relationship with Gerard and others as reported by those who interact with her and by her own self report.

Progress

A police check and a verbal report from Mary indicate that Mary has not engaged in domestic violence since December 2008. She has a domestic violence relapse prevention plan and follows it. Mary regularly attended a domestic violence treatment group at NVP from January 5, 2009, until she entered a residential substance abuse treatment program in February 2009. While at NVP, Mary demonstrated good progress and developed a domestic violence relapse prevention plan. She also completed a domestic violence course in her substance abuse treatment program. Mary is able to discuss the cycle of violence, her triggers and has used alternative ways to express her anger such as removing herself from a triggering situation, relaxation techniques and active listening.

2. Meet your child(ren)'s physical, emotional, medical, and educational needs.

Previous Service Objective	Projected Completion Date	Objective Met
Yes	12/16/2009	In Progress

Description

Over the next six months, Mary will attend all of Vivian's school conferences and participate by asking and answering questions relevant to Vivian's needs; Mary will follow all treatment recommendations from Vivian's psychologist as described in the written report, and Mary will attend all of Vivian's medical and dental appointments as scheduled.

Progress

Mary travels to the home of the foster parent every Saturday and has day-long visits with Vivian there. Mary has overnight visits with Vivian in the treatment program every Saturday night. Mary meets with Therapeutic Behavior Services (TBS) specialist Allison Jones for about two hours of each visit to ensure continuity between the foster home and her care, and to learn new parenting skills. Ms. Jones observes that Mary maintains a strong level of engagement with the Vivian and uses the skills they discuss. Ms. Jones observed that the mother maintains good eye contact with Vivian, drawing her into conversation.

Mary maintains contact with Vivian's teacher. She seeks feedback on Vivian's progress and follows the activities the teacher recommends to reinforce learning.

3. Stay sober and show your ability to live free from alcohol dependency.

Previous Service Objective	Projected Completion Date	Objective Met
Yes	12/16/2009	In Progress

Description

Over the next six months, Mary will present as sober for all to witness when in the presence of her child as measured by reports of witnesses.

Progress

Mary has been alcohol free since she entered inpatient treatment in February 2009. Her treatment counselor, Estelle Rivers, states that the mother was initially reticent, but soon opened up and began to address her issues in earnest. At this point she has made very good progress in her recovery. Ms. Rivers states that the mother has totally accepted the consequences of her alcoholism. She is now more confident and assertive, has a good attitude and is an enthusiastic participant in the program. She has completed courses in parenting, anger management, codependency and domestic violence. She also made a presentation to the community about her drug of choice. Also during her time there, Mary finally opened up about the death of her son, and the guilt and shame she feels about his death. Mary participates in random drug tests. All results have been negative. She is scheduled to complete inpatient treatment on August 8, 2009.

CLIENT RESPONSIBILITIES

	Activity		Times	Frequency	Completion Date
1.	**Counseling/Mental Health Services**	**Domestic Violence Program**	1	Weekly	12/16/2009

Description

Mary will resume participation in the domestic violence treatment program at NVP upon her graduation from her inpatient treatment program

2.	**Counseling/Mental Health Services**	**Other**			12/16/2009

Description

Upon her graduation from inpatient treatment Mary will participate in grief counseling to address issues relating to the death of her son. Therapy may be group or individual counseling with a provider mutually agreed upon by Mary and the social worker. Mary will receive a positive evaluation from the therapist and will not terminate treatment until the therapist, social worker and Mary agree that Mary is ready for termination.

3.	**Education Services**	**Parenting Education Program**			12/16/2009

Description

Mary will participate in weekly Therapeutic Behavior Services with Vivian. Mary will focus on learning how to manage Vivian's behaviors in the transition from placement back home.

4.	**Substance Abuse Services**	**Substance Abuse (inpatient)**	2	Weekly	12/16/2009

Description

a. Mary will continue inpatient treatment until she achieves graduation.
b. Prior to graduation, Mary will develop a relapse prevention plan and a transition plan to assist her in transitioning back home. Mary will follow her relapse prevention and transition plans.
c. Mary will refrain from using drugs/alcohol/non-prescription medication.

5.	**Substance Abuse Services**	**Substance Abuse Testing**		Daily	12/16/2009

Description

Mary will participate in a random drug/alcohol testing and all tests will be negative. Missed tests and dilute samples will be considered positive.

Gerard

SERVICE OBJECTIVES

1. **Stay free from illegal drugs and show your ability to live free from drug dependency. Comply with all required drug tests.**

Previous Service Objective	Projected Completion Date	Objective Met
Yes	12/16/2009	In Progress

Description

Over the next six months, Gerard will present as sober for all to witness when in the presence of his child as measured by reports of witnesses.

Progress

Gerard entered the Men of Faith residential substance abuse treatment program on January 23, 2009, and successfully completed the program on April 23, 2009. While there he participated in 12 Step groups and a weekly parenting class. The director of Men of Faith, Hank Austin, indicated that Gerard made very good progress in the program. He fully acknowledged his substance abuse and accepted the consequences of his actions. He continued to participate in random drug testing while in the program. All test results were negative.

On April 25, 2009, Gerard turned himself in to the Detention Facility to fulfill his sentence for the DUI arrest of December 15, 2008. He is scheduled to be released on July 10, 2009. In a phone call to the social worker, he indicated that he has been attending 12 Step meetings and a prayer group in the jail. Probation Officer Don Lands said that the father is in compliance with the terms of his sentencing thus far. He is required to complete the Post Conviction Drunk Driving program (PCDDP) for those with multiple DUI offenses.

2. **Meet your child(ren)'s physical, emotional, medical, and educational needs.**

Previous Service Objective	Projected Completion Date	Objective Met
Yes	12/16/2009	In Progress

Description

Over the next six months, Gerard will attend all of Vivian's school conferences and participate by asking and answering questions relevant to Vivian's needs; Gerard will follow all treatment recommendations from Vivian's psychologist as described in the written report, and Gerard will attend all of Vivian's medical and dental appointments as scheduled.

Progress

A parent aide transports Vivian to visits with Gerard every other week. He interacts well with Vivian during the visits, reading books with her and playing games.

Gerard regularly attended the Proud Fathers parenting class. The teacher of the Proud Fathers parenting class, Jasmine Hamilton, stated that the father was a good participant, frequently asked questions and gave examples of how he could incorporate the class activities with Vivian.

3. Develop and use a specific domestic violence Relapse Prevention Plan for yourself.

Previous Service Objective	Projected Completion Date	Objective Met
Yes	12/16/2009	No

Description

Over the next 6 months, Gerard will employ nonviolent solutions to resolve interpersonal conflict in his relationship with Mary and others as reported by those who interact with him and by his own self report.

Progress

A police check and Gerard's self report revealed no new incidents of domestic violence. Gerard started individual therapy with Sylvia Green, MFT, before he entered the Men of Faith residential substance abuse treatment program. He will be able to resume therapy after he completes his jail sentence on July 10, 2009. Ms. Green stated that the father understands the severity of his actions. He opened somewhat to talk about his experiences, but was hesitant to address the death of his son.

CLIENT RESPONSIBILITIES

	Activity		Times	Frequency	Completion Date
1.	**Counseling/Mental Health Services**	**Domestic Violence Program**	1	Weekly	12/16/2009

Description

Upon his release from the Detention Facility, Gerard will enter a domestic violence counseling program mutually agreed upon by Gerard and the social worker. In conversations with the social worker, Gerard will exhibit understanding of the cycle of violence and the parent's role in the cycle, ways to prevent the domestic violence from recurring, a safety plan, the impact of domestic violence on children, assertiveness practice, and anger management techniques.

2.	**Counseling/Mental Health Services**	**Other**			12/16/2009

Description

Upon his release from the Detention Facility, Gerard will resume counseling with Sylvia Green (or another therapist mutually agreed upon by Gerard and the social worker) and will address issues relating to the death of his son. Therapy may include group or individual counseling. Gerard will receive a positive evaluation

from the therapist and will not terminate treatment until the therapist, social worker and Gerard agree that Gerard is ready for termination.

3. **Education Services** **Parenting Education Program** 12/16/2009

Description

Upon his release from the Detention facility, Gerard will participate in weekly Therapeutic Behavior Services with Vivian. Gerard will focus on learning how to manage Vivian's behaviors in the transition from placement back home.

4. **Substance Abuse Services** **Substance Abuse Testing** Daily 12/16/2009

Description

Parent will participate in a random drug/alcohol testing and all tests will be negative for six months. Missed tests and dilute samples will be considered positive.

5. **Substance Abuse Services** **12-Step Program** 12/16/2009

Description

While incarcerated, Gerard will attend 1 NA/AA meeting per week. Documentation will be provided to the social worker monthly and as requested.

6. **Substance Abuse Services** **Substance Abuse (outpatient)** 12/16/2009

Description

Upon his release from the Detention facility, Gerard will
a. Enroll in outpatient substance abuse treatment.
b. Develop and follow a relapse prevention plan.
c. Refrain from using drugs/alcohol/non-prescription medication.

Vivian

SERVICE OBJECTIVES

1. **Receive age appropriate, child oriented services.**

Previous Service Objective	Projected Completion Date	Objective Met
Yes	12/16/2009	In Progress

Description

Vivian will have the educational services, medical and dental care she needs to prevent illness and encourage development as agreed upon by Vivian's physician, dentist, teacher and social worker.

Progress

Vivian had a physical examination performed by Dr. Christine Snyder on March

21, 2009. She was found to have a bladder infection and received a prescription for Sulfatrim, 30 mg 3 times per day. Vivian completed the course of treatment and the infection is resolved. She had a dental examination and cleaning on November 21, 2008. Four cavities were filled on that date.

Vivian has continued in her school of origin. The social worker consulted with Mary, Gerard and the caregiver about the school placement decision and it was agreed that Vivian will continue at Franklin Grove. The caregiver provides transportation to and from school. Mr. Roland reports that she Vivian is showing progress in her interactions with other students and is working at grade level.

Vivian also attends a YWCA after school program. Head teacher Joan Kelly states that Vivian's attendance has been good, and she gets along well with other children. Occasionally she has tantrums at transition times or after visits with her parents.

2. Comply with medical or psychological treatment.

Previous Service Objective	Projected Completion Date	Objective Met
Yes	12/16/2009	In Progress

Description

Within six months, Vivian will show that she has control over her behavior during stressful interactions by maintaining eye contact and as witnessed by her therapist, teachers, parents, foster parents and social worker.

Progress

Vivian's behavior in the foster home has been challenging. She has frequent and prolonged tantrums, especially around bedtime. She clings to the foster mother, following her around the house, crying. Sometimes she threatens the foster mother, or attempts to create a split between the foster mother and her biological mother. In a recent example, the foster mother would not give Vivian potato chips while she was talking on the phone with her mother, so the child told her mother that the foster mother was not going to feed her. It appears that some of these behaviors may be imitations of things she witnessed in the home. Though the foster parents tried many good interventions, they were not able to achieve more than a temporary reduction in these behaviors.

Because of her challenging behavior, the social worker referred the child for Therapeutic Behavioral Services. TBS Specialist Allison Jones began to provide services in the foster home on April 10, 2009. She indicated that the foster mother had already used many good techniques in attempt to address Vivian's behavior. Ms. Jones has since taught her additional techniques that have had a positive effect. For example, when Vivian is crying, the foster mother asks her how long she plans to cry, and offers an activity that she would like to do with the child when she stops crying. Vivian tells her how long she plans to cry, then soon stops to join the foster mother in the activity at hand. The foster mother reports that the TBS intervention

has had a positive effect on the child's behavior. Gradually Vivian is learning to receive love and affection, and to experience a sense of belonging without engaging in dramatic behavior. The foster mother reports that the child's tantrums now occur about once each week. Previously she had tantrums about five times per week. Vivian acknowledges that she doesn't like it when she says mean things and cries, and is now aware that she is the only one who can control that behavior.

Ms. Jones observes Vivian in school at least once each week. She found that Vivian gets along fairly well with the other children, but sometimes acts out if she feels jealous or ignored.

Ms. Jones also discovered that there possible inappropriate communication between parents and child. Each parent would ask Vivian what the other had said to her, and the child would tell each what she thought they wanted to hear. Sometimes the mother would become upset when the child told her falsehoods about the foster home, such as that they weren't feeding her. The foster mother was concerned that this dynamic put inordinate pressure on Vivian.

To ensure consistent structure and discipline, on June 8, 2009 Ms. Jones began to spend about two hours each Saturday with mother and child during their visits at the foster home. In her mother's presence, the child dropped her picky eating habits.

Vivian continues to attend individual therapy with Tom Brown, MFT, of the Silverwood Center. He reports that Vivian was initially resistant to therapy, but now likes coming. Mr. Brown diagnoses the child with Adjustment Disorder with Depressive Features, and Post Traumatic Stress Disorder. She is afraid to be alone. Vivian understands that her parents have some problems and that they are going to school to learn to behave differently.

CLIENT RESPONSIBILITIES

	Activity	Times	Frequency	Completion Date
1.	**Counseling/Mental Health Services**	**Other**		12/16/2009

Description

Vivian will participate in Therapeutic Behavioral Services 12 hours per week in the foster home and as part of the transition back home. The foster parent and Mary and Gerard will participate in the TBS as requested by the TBS worker.

VISITATION SCHEDULE

CHILD(REN) - PARENT(S)/GUARDIAN(S) VISITATION

Mary , Vivian

Method		Times	Frequency	Beginning Date
In-Person	Visitation will continue as currently arranged (all day Saturday with one overnight per week). The length of overnight visits will increase to facilitate reunification. Mary and Vivian may have unsupervised visits and overnight visits up to 30 consecutive days in the treatment program or in Mary's home as approved by the social worker based on the safety of the home. In-person visits and phone calls may be supervised if needed to ensure Vivian's safety.	1	Weekly	06/16/2009

Gerard , Vivian

Method		Times	Frequency	Beginning Date
In-Person	Visitation will continue as currently arranged (weekly supervised visits at the jail). Gerard and Vivian may have unsupervised visits and overnight visits up to 30 consecutive days in Gerard's home as approved by the social worker based on the safety of the home. In-person visits and phone calls may be supervised if needed to ensure Vivian's safety.	1	Weekly	06/16/2009

AGENCY RESPONSIBILITIES

CASE MANAGEMENT SERVICES

1. Perform Case Planning Activities

For Whom	Beginning Date
Mary , Vivian , Gerard	06/16/2009

2. Referrals to Community Resources

For Whom	Beginning Date
Mary , Vivian , Gerard	06/16/2009

3. Arrange and maintain placement

For Whom	Beginning Date
Vivian	06/16/2009

CONCURRENT SERVICES PLANNING

Permanency Alternative / Concurrent Planning Goal

For Whom	Concurrent Planning Goal
Vivian	Adoption

1. Assess for Adoptions

For Whom	Beginning Date
Vivian	06/16/2009

CONTACT SCHEDULE

SOCIAL WORKER – CHILD CONTACTS

Vivian

Method	Times	Frequency	Beginning Date
In-Person	1	Monthly	06/16/2009

SOCIAL WORKER – PARENT(S)/GUARDIAN(S) CONTACTS

Mary , Gerard

Method	Times	Frequency	Beginning Date
In-Person	1	Monthly	06/16/2009

SOCIAL WORKER – SUBSTITUTE CARE PROVIDER CONTACTS

Method	Times	Frequency	Beginning Date
In-Person	1	Monthly	06/16/2009

ACKNOWLEDGMENT OF PARENT(S)/GUARDIAN(S)

IN SIGNING THIS CASE PLAN, I ACKNOWLEDGE THAT I:

- Participated in the case plan development.
- Agree to participate in the services outlined in this case plan.
- Received a copy of this case plan.

SIGNATURE OF MOTHER/GUARDIAN	**DATE**
SIGNATURE OF FATHER/GUARDIAN	**DATE**
SIGNATURE OF OTHER	**DATE**
SIGNATURE OF OTHER	**DATE**

NON-SIGNATURE EXPLANATION

SIGNATURE OF INTERPRETER (1)	**DATE**
SIGNATURE OF INTERPRETER (2)	**DATE**

SOCIAL WORKER	**Caseload**	**Phone Number**	**DATE**
SUPERVISOR		**Phone Number**	**DATE**

AB 408 – Prudent Parent and Check for Other Important People

Among other things, AB 408 ensures that child welfare agency policies and practice do not limit the ability of children and youth in foster care to have normal peer relationships and involvement in extracurricular activities. The law requires that all children in foster care have access to age and developmentally appropriate extra curricular, enrichment, and social activities. The case plan is the place to document the child's activities.

In response to AB 408, California WIC 362.05 states:

- No state or local regulation or policy may prevent or create barriers to participation in extracurricular, enrichment or social activities.
- State and local agencies shall ensure that private agencies that provide foster care services to dependent children have policies consistent with the provisions of WIC 362.05.
- Private agencies must promote and protect the ability of dependent children to participate in age-appropriate extracurricular, enrichment and social activities.
- The caregiver shall take reasonable steps to determine the appropriateness of the activity in consideration of the dependent child's care, maturity and developmental level

Practice implications

Caregivers (like parents) are authorized to determine whether to give permission (i.e., signing permission slips) for a dependent child to participate in extracurricular, enrichment, and social activities, including but not limited to:

- Attending slumber parties
- Participating in sports activities
- Going to the mall
- Participating in school related extracurricular events

Wilson Family Case Plan Update Worksheet

Strengths	
Contributing Factors	
Priority Needs	

CASE PLAN SERVICE OBJECTIVE: **Alana Gomez Wilson**			
Previous Service Objective	***Pay attention to and monitor your child's health, safety, and well-being.***		
Previous S.M.A.R.T. Description	***Over the next six months Alana Wilson will protect her children from all non-accidental physical injury as evidenced by no new substantiated referrals for abuse or neglect involving her children.***		
Objective Met	Yes / No	Projected Completion Date	
Progress			
Updated Service Objective			
Updated S.M.A.R.T. Description			

CLIENT RESPONSIBILITIES: **Alana Gomez Wilson**					
Activity	*General counseling*				
Times	1	Frequency	weekly	Completion Date	
S.M.A.R.T. Description	***During the next six months Ms. Wilson will meet weekly with Rev. Orrante and will discuss her fears and other feelings about protecting her children from non-accidental injury. She will strategize about what she can do to protect them in dangerous situations. Ms. Wilson will make a list of what she can do to protect her children from dangerous situations and will discuss these with Mr. Wilson, Ms. Alvarez, and the child welfare worker within one month of signing this plan.***				

UPDATED CLIENT RESPONSIBILITY: **Alana Gomez Wilson**					
Activity					
Times		Frequency		Completion Date	
S.M.A.R.T. Description	***During the next six months Ms. Wilson will meet weekly with Rev. Orrante and will discuss her fears and other feelings about protecting her children from non-accidental injury. She will strategize about what she can do to protect them in dangerous situations. Ms. Wilson will make a list of what she can do to protect her children from dangerous situations and will discuss these with Mr. Wilson, Ms. Alvarez, and the child welfare worker within one month of signing this plan.***				

VISITATION SCHEDULE: **Omar Wilson, Alejandro Wilson, Alana Wilson, Matthew Wilson**			
Method		Beginning Date	
Description			
Times		Frequency	

CONCURRENT SERVICES PLANNING: **Omar Wilson**	
Concurrent Planning Goal	
Service Plan	

Aftercare Plans

Goal: The goal of aftercare plans is to prevent recurrence of abuse or neglect.

Focus: The aftercare plan needs to focus on the factors that make the family most vulnerable to recurrence of abuse or neglect.

Examples: parents' stress, arguments, child's behaviors, and triggers for relapsing with drugs or alcohol, or mental illness.

Strengths: Identify the specific strengths of the family that can help them prevent or cope with vulnerable situations.

Examples: coping strategies such as using good communication skills, finding some "me time and we time" each day, using child management strategies learned in parenting classes, having and calling upon help from others, having a support system for respite care.

Services and supports: Community and family resources are crucial to the long-term success of families who have been in the Child Welfare System.

Typical services and supports that help families keep their homes safe for their children are the following:

- Respite care
- Counseling
- Parent classes or support groups
- Aftercare plans following treatment for substance abuse, mental health concerns, and domestic violence
- Friendship
- Economic security/ steady employment
- After school and vacation programs for children

Taking It Home

When I am back at work I want to remember……