Child Welfare Pre-Service Training

Staffings

Participant Guide

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Learning Objectives

Staffings introduces new workers to:

- the types and purposes of 6 major dependency staffing strategies to prepare for and conduct a staffing

Objectives

- Identify the types and purposes of staffing.
- Describe how to prepare for and conduct staffing.
WHY CONDUCT STAFFINGS?

Your job requires you to make tough decisions that are too important for you to make on your own. Staffings are a way for you to share the decision-making process with people who bring different expertise, knowledge and perspectives to the case assessment. Each Staffing has a specific purpose, and are organized and prepared with this specific purpose in mind.

Always staff cases with the above guiding principles in mind

**Florida Child Welfare System Guiding Principles: 39.001(b) (1-4)**
1. *Child’s health & safety is the paramount concern.*
2. *Engage families in constructive, supportive, and non-adversarial relationships.*
3. *Intrude as little as possible into the life of the family, be focused on clearly defined objectives, and take the most parsimonious [restrained] path to remedy a family’s problems.*
4. *The prevention and intervention should be based upon outcome evaluation results that demonstrate success in protecting children and supporting families.*

General Guidelines for Staffings

- Cross jurisdictional cases if there is a disagreement between parties
- Disagreements between disciplines involving safety actions
- Open supervision cases and cases with multiple priors
- Complex cases

**SITUATION**
- Why are you holding this staffing?
- Who will attend?
- What are you trying to accomplish?
- Who are the family members?
- How are they related?
- Where do they live?
- Do the caretakers regularly interact with extended family? Who?
- Do the caretakers regularly interact with significant non-family members? Who?

**BACKGROUND**
- Compile background reviews and checks. Review the FSFN case file and follow up with other caseworkers or service providers who were involved with the case. Review input from the family and think critically.
- Compile any conflicting professional opinions for presentation at the staffing.
- Why is the agency involved with this family?
- What is their current compliance status?
- What may be the underlying cause of the maltreatment?
- What questions do you have?
- What information might other staffing participants need?
- Has there been prior agency involvement?
- If so, what is the prior history of abuse reports, service history, and outcomes?
- Does the caregiver have a criminal history?
- Is their other relevant history such as domestic violence, generational abuse or neglect, medical or mental health conditions?
ASSESSMENT

- Conduct your preliminary assessment.
- What are the risk factors for the child?
- Has the caregiver cooperated in removing these risk factors?
- What are the caregiver’s strengths and needs?
- What are the caregiver’s perceptions and involvement with the child and the case?
- Does the child have any special needs?
- What services are in place now and are they effective?
- Are there any barriers to service provision?
- Are there any patterns of maltreatment?
- What are your impressions and concerns?
- What previous decisions have been made regarding this case?
- Do you agree with these decisions? Why or why not?
- What are the overall outcomes to date?

RECOMMENDATIONS

- Is there a safety plan in place to protect the child?
- Do the current service providers have any recommendations?
- What additional services may assist the family?

FSFN DOCUMENTATION REQUIREMENTS

- You must document clear and complete information of every detail in FSFN.
- Document all new information acquired during the staffing in FSFN.
- Document all decisions and assigned tasks that resulted from the staffing in FSFN.
- To use an old cliché, “if it isn’t documented, it didn’t happen.”
- FSFN Documentation provides clear communication of information when cases are transferred to or reviewed by others.

Florida Child Abuse Death Review Committee

http://www.flcadr.org/reports

The goal of the Florida Child Abuse Death Review Committee is to reduce preventable child abuse deaths. They conduct reviews of child abuse death cases each year so that we can better understand the causes and contributing factors that result in child deaths and improve the child protection system. A report is produced that presents the review results and identifies any service gaps, deficiencies, or problems that contributed to the child abuse deaths, along with data-driven prevention recommendations to the Governor and the Florida Legislature.
STAFFING PREPARATION
- Review the case file.
- Review the case history and any past involvement with the family.
- Gather and organize the information you need for the staffing.
- Complete necessary forms.
- Summarize information for presentation using key points.
- Prepare key open ended questions to ask during the staffing (ensures productive discussion).
- Copy any appropriate documents for distribution.
- Notify participants and explain their roles in the staffing.
- Create an agenda.
- Schedule the staffing and send the agenda to participants in advance so that they have time to plan and prepare for the staffings.

FACILITATE SUCCESSFUL STAFFINGS
- Respect other’s time by starting and finishing punctually.
- Provide a clear statement about the purpose of the staffing and explain the agenda.
- Introduce all participants and explain their roles.
- Keep the meeting on track - be a strong leader or facilitator. Maintain the focus of the meeting agenda (example: redirect conversation; restate purpose; focus on immediate concern; structure the environment for better communication.
- Encourage assertive vs. passive or aggressive behavior.
- Encourage inquiry, advocacy, and assertion.
- Encourage a respectful challenge and response environment.
- Demonstrate and encourage active listening skills. Paraphrase what participants say, respond to questions appropriately, ensure that participants can complete their statements or thoughts without interruption.
- Engage all participants in discussions. Ask for opinions, points of view, and perspectives about the situation.
- Respect and listen to all perspectives. Engage the family. Demonstrate the ability to negotiate and discuss alternatives.
- Demonstrate teamwork and conflict resolution by focusing on what is right, not who is right.
- Fulfill the meeting’s purpose.
- Assign responsibilities and define an action plan.
- Fulfill the meeting’s purpose.
- Assign responsibilities and define an action plan.
## Lila Sebastian Case Family Members

<table>
<thead>
<tr>
<th>Parents</th>
<th>Role</th>
<th>DOB</th>
<th>Age at time of Lila’s Death (12/21/2008)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nadine East, (incarcerated)</td>
<td>Mother to Lila, Ellen, Mindy, Dillon, Calvin</td>
<td>8/25/1978</td>
<td>30</td>
</tr>
<tr>
<td>Mark East</td>
<td>Legal &amp; biological father to Dillon and Calvin, legal father to Mindy, Lila, &amp; Ellen</td>
<td>8/3/1976</td>
<td>32</td>
</tr>
<tr>
<td>Steven Ballard (incarcerated)</td>
<td>Biological father to Mindy</td>
<td>4/20/1977</td>
<td>31</td>
</tr>
<tr>
<td>Joseph Sebastian</td>
<td>Biological father to twins Lila &amp; Ellen</td>
<td>8/29/1984</td>
<td>24</td>
</tr>
</tbody>
</table>

### Children

<table>
<thead>
<tr>
<th>Children</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Dillon East</td>
<td>Child removed in 2005 due to domestic violence &amp; drug use. Placed with MGM &amp; closed out long term relative when neither parent completed a case plan.</td>
<td>11/8/2002</td>
<td>6</td>
</tr>
<tr>
<td>Calvin East</td>
<td>Child removed in 2005 due to domestic violence &amp; drug use. Placed with MGM &amp; closed out long term relative when neither parent completed a case plan.</td>
<td>8/12/1998</td>
<td>10</td>
</tr>
<tr>
<td>Mindy Gibson</td>
<td>Victim in Care as of 8/15/08</td>
<td>3/9/2007</td>
<td>1</td>
</tr>
<tr>
<td>Lila Sebastian</td>
<td>Deceased Victim</td>
<td>10/15/2008</td>
<td>2 months</td>
</tr>
<tr>
<td>Ellen Sebastian</td>
<td>Surviving Twin</td>
<td>10/15/2008</td>
<td>2 months</td>
</tr>
</tbody>
</table>

**Maternal Grandmother**

| Cheryl Baxter                     | Maternal Grandmother (MGM); caretaker of Dillon & Calvin         | 7/6/1959  | 49                                       |
## Staffings Chart

<table>
<thead>
<tr>
<th>Name*</th>
<th>Who attends?**</th>
<th>When is it held?</th>
<th>Purpose/Main Tasks</th>
<th>Potential Decisions/Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Services Intervention (ESI) 39.301 (10)(b)(6) 65C-30.002</td>
<td><strong>Investigator, PS, Adoptions, Out-of-Home Care, case manager and/or supervisor, foster care/adoption, the family</strong></td>
<td>ASAP after you decide services are needed &amp; before you complete the investigation. If possible, within 72 hours after necessary services are identified.</td>
<td>Coordinate efforts to meet the family’s needs: decide most appropriate services and resources. Sometimes to decide if case will be non-judicial or judicial.</td>
<td>Next case steps are planned. Roles and tasks are assigned. Service Planning Conference Checklist is completed.</td>
</tr>
<tr>
<td>Service Planning Conference Note: may be the same as ESI in some districts.</td>
<td><strong>Investigator or Case Manager, supervisor</strong></td>
<td>Held prior to foster care placement, when in-home situation is not safe.</td>
<td>Review all case facts, including risk assessment, effects of family preservation services/placement funds; to ensure best placement for the child.</td>
<td>Decide service area, best placement for the child, develop initial case plan (goals, needs and service provision).</td>
</tr>
<tr>
<td>Family Team Conferencing Individualized Course of Action (ICA) May be used in lieu of ESI or case plan staffing in some districts</td>
<td>Based on family’s needs: Informal Support: family friends, relatives, pastor, co-worker, etc. Formal support: substance abuse counselor, DV advocates, GAL, all staff who’ve worked with family</td>
<td>Throughout duration of case at critical junctions: prevent removal; prepare family for reunification; transition child for TPR; or as needed when new issues surface.</td>
<td>Identify underlying conditions to address through a strength-based, individualized, family plan.</td>
<td>Safety Plans, Case Plans, Permanency Decisions.</td>
</tr>
<tr>
<td>Child Protection Team (CPT) 39.303</td>
<td><strong>Agency representative, medical personnel, law enforcement, school personnel, CPT, GAL, service providers, others as needed</strong></td>
<td>During initial Investigation; High risk cases; Investigations containing mandatory referral criteria and 3 priors, regardless of findings</td>
<td>Report results of assessments (medical or psychosocial) and discuss various perspectives on the case. Provide a multi-disciplinary assessment.</td>
<td>Facts of abuse/neglect are summarized; goals are set for caregiver(s).</td>
</tr>
<tr>
<td>Case Review Committee (CRC)</td>
<td><strong>Law enforcement rep, state attorney, medical personnel, mental health rep, dept./ agency rep.</strong></td>
<td>Regular schedules vary across districts and agencies. Can be requested at any time.</td>
<td>Review cases involving law enforcement to ensure everyone has all of the information for each case.</td>
<td>Information shared between disciplines leads to a more successful case resolution with less trauma to the victims.</td>
</tr>
<tr>
<td>Multi-Disciplinary Team</td>
<td>Based on specific family needs: alcohol, drug abuse, mental health provider, caregiver, department/agency rep, medical personnel, school rep, guardian ad litem</td>
<td>As needed, to assist case plan development or implementation. Child may still be at home or already removed.</td>
<td>Determine needed services and treatments for the family. May include mental health services or residential placement for the child; funding resources determined.</td>
<td>Case plan for specific services and case manager assigned to implementation plan. Plan is approved by ADM rep or by the court.</td>
</tr>
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<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Family Safety Planning Team (FSPT) Previously known as Multiple Handicap Assessment Team (MHAT)</td>
<td>Clinical social worker, reps from Children's Medical Services, Alcohol &amp; Drug Abuse, Mental Health, Developmental Services, Medicaid office, pediatrician, nurse, caregiver, parent (unless prohibited)</td>
<td>Prior to foster care placement, or ASAP following placement.</td>
<td>Initial MHAT staffing: report the comprehensive assessment of the child, determine the level of care needed, make placement recommendation, develop a family support plan, approve Medicaid funding, set date for next staffing.</td>
<td>Family support plan to specify the services needed; case manager assigned to arrange, deliver, and determine financing for these services.</td>
</tr>
<tr>
<td>Case Plan</td>
<td>Case Manager, supervisor, parents or caregivers, child (if age appropriate), GAL &amp; CWLS attorney if opposing attorney attends</td>
<td>ASAP following initial assessment, within 60 days of child’s removal.</td>
<td>Review case plan to decide if it addresses the specific problems presented in the petition and visitation, and ensure it was developed with parent(s). Also discuss need for concurrent plans.</td>
<td>Case plan ready to submit to court for review and approval.</td>
</tr>
<tr>
<td>Legal Sufficiency or Determination of Dependency If applicable: OP 175-15 (8)(c)(1)-(2)</td>
<td>CWLS Attorney, Agency Representative, Supervisor</td>
<td>After shelter hearing and before arraignment.</td>
<td>Determine if legal dependency will be pursued.</td>
<td>If the decision is to pursue legal dependency, decide what needs to go into the petition.</td>
</tr>
<tr>
<td>Licensing/Institutional</td>
<td>Case Manager, foster parents, licensing staff, service providers</td>
<td>Upon report of a problem or potential problem in a foster care or institutional placement.</td>
<td>Discuss concerns regarding licensing or reissuing of license.</td>
<td>Problems/potential problems are corrected or referred to the proper authority.</td>
</tr>
<tr>
<td>Reunification If applicable</td>
<td>Case Manager and next two levels of supervision, GAL, foster parents/caregivers</td>
<td>Before unsupervised visits, overnight visits, or reunification.</td>
<td>Review all records when a child is less than six (or has a disability) and is being considered to return to a situation where the person initially responsible for the abuse/neglect will again be responsible for the child.</td>
<td>Supervisor and supervisor's supervisor give written approval of and sign the reunification case plan.</td>
</tr>
</tbody>
</table>
| **Permanency**  
**65C-28.006**  
Required Staffing  
39.621  
39.6221  
39.6231  
39.6241 | Referring Case Manager and supervisor, Case Manager and supervisor from appropriate service areas, adoption and related services, foster care, family service providers, CWLS attorney, other attorneys, GAL, foster parents or caregivers, staffing specialist | To prepare for permanency hearing and/or as the department or agency deems necessary when there are concurrent goals. | Review facts of case. Make sure reunification has been considered. Make sure relatives have been considered for placement. Decide goal and appropriate service provision. Recommend a change in permanency. Initiate termination or parental rights and begin adoption planning. | Preparations for court; decide what kind of permanency including: 39.01(52) reunification adoption permanent guardianship permanent placement with a fit and willing relative placement in another planned permanent living arrangement. |
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<tbody>
<tr>
<td><strong>Quarterly Case</strong></td>
<td>Adoption and related services supervisor, ARS Case Managers, foster care supervisors, One Church-One Child staff, parent preparation leaders, home finders</td>
<td>Quarterly for each child awaiting adoption.</td>
<td>Review each child’s case events since the last staffing: Identify barriers to adoptions Review waiting and approved families Review child’s needs Discuss potential matches</td>
<td>Everyone is updated on each child awaiting adoption and the progress made toward permanent placement Methods to overcome barriers to adoption are identified.</td>
</tr>
</tbody>
</table>
| **Adoptions**  
39.802-TPR petition 38.8055-TPR petition 39.8060-grounds for TPR | Case Manager with family (investigator, PS, FC, Adoption, CWLS rep, program specialist, GAL) | Any time adoption becomes the preferred permanency option, before court hearing | Review facts that show why rights of parents should be terminated. Show legal basis and legal sufficiency of case | Legal sufficiency in case is established; social study report, case plan update, judicial review will be presented in court; then petition to terminate parental rights |
| **Independent Living**  
65C-28.009 (4) | Case Manager with supervisor, CWLS, child, child’s caregiver, GAL, Child’s attorney, independent living service provider, other individuals significant to teen | Periodically for children age 13 and older who are in out of home placement | Child’s educational and work goals, life skills needed, child’s progress, SIL program requirements and benefits, Road to Independent Living Program, permanency arrangements | Child’s progress and identified obstacles and needs the child has with regard to Independent Living |
Ryan Scott Case Scenario

On October 3, 2008, four year old Ryan Scott was reportedly left home alone. He had bruises on the left side of his neck and on his stomach. His mother, Vanessa, recently lost her job and is having a hard time finding employment. She admits that she is stressed out and sometimes hits Ryan because he doesn’t listen to her when she tells him what to do. She also indicated anger at the fact that Ryan was still not toilet trained. She admitted to using cocaine regularly (after cocaine was found on her living room table along with other drug paraphernalia. A razor blade and mirror were on the table). She states that she has been using cocaine for over a year. Background checks revealed one charge on mom for DUI in August 2008.

There is one prior on the case in September 2008 for lack of supervision. Vanessa left Ryan home alone for almost two hours everyday until she returned from work. She said her neighbor was supposed to be babysitting. The neighbor allegedly had an emergency and was unable to contact the mother. The mother’s behavior resulted in a substance abuse evaluation. A Daycare referral was rendered and services were put into the home. The case was closed. Ryan has limited socialization skills* and is quiet and does not currently attend daycare. He often talks to himself. Ryan’s father has been deceased since he was two years old. Vanessa tells you that she has one sister in town who has one child of her own.
Department of Children and Families Guidelines regarding Legal Staffings

The following cases meet the criteria for CLS staffings.

- A CPI is seeking court action.
- CPI and/or the supervisors have legal questions regarding an investigation.
- A thorough safety assessment concludes high risk or other reasons for court action
- Any type of court action is required
  - Domestic Violence (CFOP 1775-21)
  - Must confer regarding requiring the perpetrator to attend a batterer’s intervention program in addition to any other appropriate family-preservation services

Staffings require the following:

- A complete discussion, including:
  - All relevant facts related to the incident in question,
  - Family history
  - Criminal histories,
  - Information obtained from collateral and professional contacts,
  - Type and effectiveness of services offered,
  - Any other relevant information

Documentation

- CLS must use the Legal Decision-Making Form when involved in a case
  - Must include material facts behind a conclusion
  - Reasoning must be clear to non-professional readers and to those within the agency who are not closely involved in the case on a daily basis.
Recommended Reading


Being Assertive: Reduce stress and communicate better through assertiveness. Mayo Clinic staff: http://www.mayoclinic.com/health/assertive/SR00042

References

Helmreich, Robert L. On error management: lessons from aviation. Department of Psychology, University of Texas at Austin

Leonard, M., Graham, S. Bonacum, D. The human factor: the critical importance of effective teamwork and communication in providing safe care. Colorado Permanente Medical Group, Denver, CO, USA

A very useful summary of SBAR by R Lertzman in 2005 titled ‘No More Hinting and Hoping: An Interview with Frances Griffin’. This is accessed through the NHS National Patient Safety Agency website.

Rees, Harold, M.D., Johanson, Norman, M.D. Build-don’t break-communication during patient handoffs. AAOS, June 2007.

