Every Child in Florida

Safety
Florida’s children live free from maltreatment.

Permanency
Florida’s children enjoy long-term, secure relationships within strong families and communities.

Child Well-Being
Florida’s children are physically and emotionally healthy, and socially competent.

Family Well-Being
Florida’s families nurture, protect, and meet the needs of their children, and are well integrated into their communities.

Seven

Professional Practices

Engage
Partner
Gather Information
Assess & Understand Information
Plan for Child Safety
Plan for Family Change
Monitor & Adapt Case Plans

Florida’s Child Welfare Practice Model

Promising and evidence-based practices
Stages of change • Community resources
Parental resilience • Social connections
Nurturing and attachment

Child and youth development
Family systems • Substance abuse
Mental health • Domestic violence
Statutes • Rules • Policies

Safety-Focused
Trauma-Informed
Family-Centered
**Florida’s Child Welfare Practice Model**

**Vision**
Every child in Florida thrives in a safe, stable and permanent home, sustained by nurturing relationships and strong community connections.

**Goals**
Florida’s child welfare professionals seek to achieve these goals:
- **Safety.** Florida’s children live free from maltreatment.
- **Permanency.** Florida’s children enjoy long-term, secure relationships within strong families and communities.
- **Child Well-Being.** Florida’s children are physically and emotionally healthy, and socially competent.
- **Family Well-Being.** Florida’s families nurture, protect, and meet the needs of their children, and are well integrated into their communities.

**Practices**
To achieve these goals, Florida’s child welfare professionals use a safety-focused, family-centered and trauma-informed approach that includes these key practices:
- **Engage the family:** Build rapport and trust with the family and people who know and support the family. Empower family members by seeking information about their strengths, resources and proposed solutions. Demonstrate respect for the family as the family exists in its social network, community and culture.
- **Partner with all involved:** Form partnerships with family members and people who know and support the family. Partner and share information with relative caregivers and foster and adoptive parents. Include parent and other caregivers in case decision-making. Lead and facilitate partnership with all involved parties to achieve optimum communication, clear roles and responsibilities, and mutual accountability.
- **Gather information:** Gather information from the family members and other team members throughout the course of interventions to gain insight into solutions that might work for family members. Update information as underlying issues, including trauma histories, are identified and as the family situation changes.
- **Assess and understand information:** Assess the sufficiency of information gathered. Identify and, whenever possible, reconcile unsupported impressions and observations or unverified statements regarding family functioning. Ensure all team members have a shared understanding of both risk and safety information and how this information informs interventions.
- **Plan for child safety:** Develop and implement, with the family and other partners, short-term actions to keep the child safe in the home or in out-of-home care. For a child in temporary care, identify the circumstances within the child’s family that must exist for the child to be returned home safely with an in-home safety plan.
- **Plan for family change:** Work with the child, family members, and other team members to identify appropriate interventions and supports necessary to achieve child safety, permanency and well-being. Identify services to help the child recover from the effects of child maltreatment and trauma, and to restore typical development to the extent possible. Seek to identify what is needed for the family members and their support network to succeed in maintaining positive changes over the long term. Seek the caregivers’ expertise in case planning and service delivery.
- **Monitor and adapt case plans:** Link family members to services and help them navigate formal systems. Troubleshoot and advocate for access to services when barriers exist. Modify safety actions and family case plans as the needs of family members change. Support the child and family members with transitions, including alternative permanency options when reunification cannot occur.
Engage: The family is the primary point of communication, involvement and decision-making. The Information Collection Protocol for investigators and Standards of Intervention for case managers provide uniform processes that result in the ability to engage with the family and those who know the family. The uniform processes give parents information that empowers them, and seeks assistance from the family to gather sufficient information to complete the Family Functioning Assessment and (for unsafe children) the safety planning, Family Functioning Assessment - Ongoing and case planning. Engagement is essential to the development of the Case Plan, which includes goals for what must change, related to enhancing Caregiver Protective Capacities and the identification of treatment services. The case manager continues to engage the family to facilitate the needed change.

Partner: Partnering occurs throughout the time a child welfare professional works with the family. Child welfare professionals partner with the family, the family’s network, other professionals and community partners to achieve understanding of family dynamics and develop safety decisions and actions, including safety planning and management, case planning and progress evaluation. The partnering process promotes commitment and accountability of the family and all team members toward common goals for the family.

Gather information: Sufficient, relevant information-gathering is the most essential ingredient for effective decision-making. Information is gathered through the information standards, referred to as the Six Information Domains, which frame what must be known about children and caregivers to inform effective decision-making. These Six Information Domains live within the Family Functioning Assessment. The Six Information Domains are: maltreatment; circumstances surrounding maltreatment; child functioning; adult functioning; general parenting; and parental discipline. Through the collection of this information, the child welfare professional “creates a picture” of the pervasive functioning occurring among adults and children within the family. The “picture” represents a merging of crucial information which reveals: the presence or absence of danger threats to child safety; the vulnerability of children; the level of caregiver protective capacities; the sufficiency of safety plans; the evaluation of case plan progress; and the assessment of risk. Information-gathering begins at the Florida Abuse Hotline and continues during the investigation and throughout ongoing case management for unsafe children.
The Seven Professional Practices: Operationalized Using the Safety Methodology

Assess and understand information: When relevant, sufficient information is gathered, assessed and analyzed to inform the danger assessment of the children and the actuarial risk assessment of future harm. Impending danger is qualified and understood through meeting all five Danger Threshold Criteria: (1) the child is vulnerable, (2) family conditions are out of control, (3) family conditions are likely to have a severe effect, (4) the danger is imminent, and (5) the danger is observable. When information in the Six Information Domains clearly supports an active impending danger threat that meets the Danger Threshold Criteria, and there is no one in the household with the caregiver protective capacities to manage the danger, the child is determined to be unsafe. A clear understanding of family functioning informs case plan outcomes developed to change behavior by enhancing diminished caregiver protective capacities. Several assessment tools are used throughout the life of the case: Present Danger Assessment; Family Functioning Assessment; the SDM® Risk Assessment Tool; Family Functioning Assessment - Ongoing; Ongoing Family Functioning Progress Update; SDM® Family Risk Re-Assessment and SDM® Family Risk Reunification Assessment.

Plan for child safety: There are two times when safety planning is needed. When a child is found to be in present danger, a Present Danger Plan is put in place to control present danger threats and to allow time for sufficient and relevant information collection through the Family Functioning Assessment process. When an investigator concludes at the end of the Family Functioning Assessment a child is unsafe, an Impending Danger Safety Plan is developed. Developing a sufficient Impending Danger Safety Plan to control and manage impending danger that is the least intrusive is completed through an immediate intervention called Safety Planning Analysis. Safety plans are managed by the agency. When a case is transferred from investigations to ongoing case management, the management of the Impending Danger Safety Plan is transferred at the same time and continues to occur through the life of the case. In addition, the Safety Planning Analysis is used for children with an out-of-home Impending Danger Safety Plan to create Conditions for Return for these children to return home with an in-home Impending Danger Safety Plan.

Plan for family change: Information gathered through the Family Functioning Assessment - Ongoing results in the development of case plan outcomes related to what must change to demonstrate enhanced Caregiver Protective Capacities addressing impending danger threats and Child Needs. The Case Plan includes specific, measurable, attainable, reasonable and timely outcomes that are developed jointly with the family, and the services associated with the outcomes. It is the “roadmap” or method by which change will be addressed.

Monitor and adapt case plans: The Ongoing Family Functioning Progress Update is a formal and ongoing intervention that occurs on a regular basis following the development of the family’s Case Plan. It is intended to provide a standardized approach to measuring progress for enhancement of diminished Caregiver Protective Capacities as they relate to the impending danger threats and Child Needs, safety plan sufficiency and motivational readiness to change. Case plans are adapted as progress is made to further promote change. Caregiver progress is reflected and documented in the updated Six Information Domains, which inform the Ongoing Family Functioning Progress Update.