The materials for the Child Welfare Pre-Service Training curriculum were produced by Florida International University for the State of Florida, Department of Children and Families, Office of Family Safety.

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Module 1: Introduction to the Child Welfare Pre-Service Training

Protective Investigations Track

- Pre Test .5 day
- "Orienteering" Core 100 Classroom 1 day
- "Orientation" Core 101 FSFN 5 day
- "Child Welfare Standards, Values & Practice" Core 102 On-Line 3 day
- "Family Preservation and Family-Centered Practice" Core 103 Classroom 1 day
- "Legal I" Core 104 Classroom 1 day
- "Legal I" Core 105 On-Line 3 day
- "Legal II" Core 106 Classroom 1 day
- "Effects of Abuse/Neglect on Child Development" Core 107 On-Line
- "Malnutrition" Core 108 Classroom 4 days
- "Human Trafficking" Core 109 On-Line 3 day
- "Malnutrition" Core 110 FSFN 5 day
- "Introduction to Interviewing" Core 111 Classroom 1 day
- "Present Danger Assessment & Planning" Core 112 Classroom 1.5 day
- "Interviewing for Information Collection" Core 113 Classroom 2 day
- "Assessment of Impending Danger & Caregiver Protective Capacities" Core 114 Classroom 1 day
- "Assessment" Core 115 FSFN 5 day
- "Staffings" Core 117 On-Line 3 day
- "Investigative Response" PI 118 Classroom 3 days
- "Investigative Response" PI 119 FSFN 4 days
- "Removal & Placement" Core 120 Classroom 2 days
- "Removal & Placement" Core 121 FSFN 1 day
- Post Test .5 day
Module 1: Introduction to the Child Welfare Pre-Service Training

Dual Track-Child Welfare Pre-Service Training

- **Pre Test** .5 day
- **Orientation** Core 100 Classroom 1 day
- **Orientation** Core 101 FSFN .5 day
- **Child Welfare Standards, Values & Practice** Core 102 On-Line .3 day
- **Family Preservation and Family Centered Practice** Core 103 Classroom 1 day
- **Legal I** Core 104 Classroom 1 day
- **Court Preparation & Participation** Core 105 On-Line .3 day
- **Legal II** Core 106 Classroom 1 day
- **Effects of Abuse/Neglect on Child Development** Core 107 On Line .3 day
- **Maltreatment** Core 108 Classroom 4 days
- **Human Trafficking** Core 109 On-Line .3 day
- **Maltreatment** Core 110 FSFN .5 day
- **Introduction to Interviewing** Core 111 Classroom 1 day
- **Present Danger Assessment & Planning** Core 112 Classroom 1.5 day
- **Interviewing for Information Collection** Core 113 Classroom 2 day
- **Assessment of Impending Danger & Caregiver Protective Capacities** Core 114 Classroom 1 Day
- **Impending Danger Planning** Core 115 1 day
- **Assessment** Core 116 FSFN .5 day
- **Staffings** Core 117 On-Line .3 day
- **Investigative Response** PI 118 Classroom 3 days
- **Investigative Response** PI 119 FSFN 4 days
- **Removal & Placement** Core 120 Classroom 2.5 days
- **Removal & Placement** Core 121 FSFN 1 day
- **Case Planning** CM 122 Classroom 2 days
- **Case Planning** CM 123 FSFN 2 day
- **Ongoing Assessment/Permanency** CM 124 Classroom 2 days
- **Ongoing Assessment/Permanency** CM 125 FSFN 2.5 days
- **Adoptions** CM 127 Classroom .5 day
- **Adoptions** CM 128 FSFN .5 day

Post Test .5 day
In-Services for Child Welfare Pre-service Training

In-Services for Child Welfare Pre-service Training Titles and Recommended Timeframes

Completion of post test

CM 126 - Independent Living .5 Training Day → Core 129 - Placement Tasks 2 Hours → PI 130 - Decision-Making .5 Training Day

Can be taken in any order
Color Code:
Yellow - CM Classroom
Tan - Core - On-Line
Blue - PI Classroom

Please note that there are also Phase II activities that must be completed by each program area during the Phase II period.
Dutton McAdams Scenario
Mary McAdams- mother (25); Bill Dutton- father (28); Lindsey Dutton- child (3)
An anonymous call from a neighbor reported that 3-year-old Lindsey Dutton had a cut under her eye, a swollen lip and what appeared to be some bruises around her neck. The caller described hearing a fight between the parents and a child screaming the previous evening. The caller said that the fights happen frequently and suspects that the father might be hitting the mother, because the caller has seen bruises on the mother’s face in the past. The family keeps to themselves and the child rarely goes outdoors. The family has lived in this apartment for about 6 months and this is the first time the caller has seen any bruises on the child. A records check finds no previous reports on Lindsey.

Florida’s Family-Centered Practice Model
39.001, F.S. provides authority and rationale for implementing family-centered practice. There are 9 components of Florida’s Family-Centered practice model. These include:

Demonstration of Respect and Courtesy
Engagement with family, demonstration of respect, courtesy and empathy and engagement by the agency.

Demonstration of Genuineness and Equity
Engagement with the family, investment in family outcomes and understanding by the worker to seek resolution.

Responding Promptly
Attention and engagement with the family, supporting the family to feel connected. Responding promptly so that the family feels respected and valued.

Constantly Seeking to Engage
Recognizing that without the family, practice cannot proceed and information and decision-making will be insufficient. Continually seeking to engage the family throughout the agency’s involvement with the family is critical to achieving positive family outcomes.

Act and Respond with the Family as the Primary Source of Information
Recognizing that the family is the expert about their family, they should be the primary source of information. Seeking information from the family is a way of demonstrating respect and courtesy.

Provide Support and Encouragement
Providing support, encouragement and resources to the family in a manner that minimizes the intrusive nature of Child Welfare services. The caseworker consistently demonstrates empathy and understanding.

Demonstrate Professionalism
Maintaining professional objectivity and equitable treatment in the support of all families. Providing services in a professional, compassionate manner at all times so that the family respects and partners with the agency.

Enable and Promote Participation and Involvement
Recognizing and enabling the participation and involvement of families we serve so that positive change may occur because of their participation and that appropriate decisions are made regarding safety. Their participation and involvement is critical. This is closely related to engaging the family. Change cannot happen without involvement of family, nor can sufficient decisions regarding safety be made.

Provide Necessary Information
Consistently and frequently providing information to the family about the process, outcomes and timelines. Encouraging families to ask questions and seek additional information they need.
Core Tenets of Florida’s Practice Model
Protect the vulnerable, promote strong families, and advance family resiliency.

**CORE PRACTICES**

**ENGAGE**
- Build rapport and trust with the family and other persons who support the family as the six information standards* (aka six domains) are explored. Empower the family by seeking information as to their strengths, resources, and family solutions. Demonstrate respect for the family as they exist in their social network, community, and culture.

**PARTNER**
- Identify formal and informal partners who have the knowledge and information needed about the family and/or family conditions. Provide team leadership and facilitation to achieve optimum communication, clear roles and responsibilities, and accountability.

**GATHER INFORMATION**
- Gather information consistently from the family and other team members, throughout the course of all interventions to update the six information standards*. Update and identify information regarding underlying issues, including trauma, as the family situation changes and evolves.

**ASSESS & UNDERSTAND**
- Assess information gathered for sufficiency. Identify unsupported observations or unverified statements. Reconcile information inconsistencies. All team members have a shared understanding of the information and how it should inform interventions.

**PLAN FOR CHILD SAFETY**
- Develop and implement short-term actions to supplement caregiver capacities to keep the child(ren) safe in the home or in care. For a child in temporary care, identify when parent progress will be sufficient to return the child with an in-home safety plan.

**PLAN FOR FAMILY CHANGE**
- Work with the child, family, and other team members to identify appropriate interventions and supports necessary to build parent protective capacities. Seek to identify what will need to happen in order for the family and its support network to succeed with maintaining changes over the long term.

**MONITOR AND ADAPT**
- Provide linkages to services and help the family navigate formal systems. Troubleshoot and advocate for access when barriers exist. Modify safety actions and case plans as needs change. Support the child and the family with transitions, including alternative permanency options when reunification will not occur.
1. We keep kids safe when we engage parents and provide help, hope, protective capacities, and the accountability they need.

2. Don’t stay in your lane. Attorneys, investigators, case managers, guardians, child protection team staff, probation officers, and other child welfare partners should raise issues when they see problems. The decision making process must be informed by these multiple perspectives.

3. Case transfer from the investigator to the case manager must be comprehensive and complete.

4. The Child Protection Team must be fully used as required.

5. Obtain regular Early Periodic Screening Diagnosis Treatment exams.

6. Home studies and background checks for relatives, non-relatives, non-custodial, and non-offending parents are necessary. Home studies must be informed by an assessment of their protective capacities and emotional and personal resources.

7. Verifiable and verified safety plans are essential.

8. A case cannot be closed just because a safety plan has been developed. A safety plan is a stopgap measure while the core problem is being addressed and resolved.

9. Obtaining power of attorney does not suffice as custody nor provide medical assurances.

10. Timely second party reviews must occur for children age 0-3 where there is a history of violence, substance use, and mental health issues. The second party review must be completed through a conversation about the case.

11. A well-constructed plan for family preservation and reunification includes: necessary frequency of visitation, real parental engagement, the level and intensity of services that parents and families need (and follow-up when parents fail to engage in services).

12. Managing entities, CBCs, and investigators must complete new MSS/FIS Notes and Alert. When substance abuse and mental health issues exist and create present or impending danger, referrals must be made to services, and assurances provided that parents are completely engaged with services.
*INFORMATION STANDARDS*

Making good decisions about safety is based on gathering sufficient information.

- **Nature and extent of maltreatment.**
  - What is the nature and extent of the maltreatment?
- **Circumstances of maltreatment.**
  - What circumstances accompany the maltreatment?
- **Child functioning.**
  - How does the child function day to day?
- **Parental discipline.**
  - How does the parent discipline the child?
- **General parenting.**
  - What are the overall parenting practices?
- **Adult functioning.**
  - How does the parent manage his/her own life?

**Advocating for Families**

The worker must advocate for services for families, help families learn to advocate for themselves, and negotiate with service systems to obtain needed help. The worker must also empower and advocate for families to become interdependent members of the community.

Family advocacy focuses on the principles of family development, communication skills for workers, and promoting the participation of community residents and families in the design of services.
Florida Safety Decision Making Methodology
Safety Intervention Model

**Hotline Assessment:** Identify and Screen In Primary Service Population

- Hotline Assessment seeks to screen in cases where reported information indicates that maltreatment may have occurred and/or there are indications that children may be unsafe due to present or impending danger.
- Collect information related to maltreatment, the surrounding circumstances, child functioning, adult functioning, parenting general and parenting discipline.
- Determine impending danger and diminished caregiver protective capacities.
- Establish sufficient Safety Plans.

**CPI Family Functioning Assessment:** Problem Identification

- Engage caregivers to facilitate change.
- Discuss reason for case opening: Impending Danger
- Promote self determination and raise self awareness regarding impending danger and caregiver protective capacities.
- Establish goals for change to be the focus of the Individualize Service Plan.
- Enhance diminished caregiver protective capacities.

**Ongoing Family Functioning Assessment:** Determine what must Change

- Engage caregivers and facilitate change.
- Discuss reason for case opening: Impending Danger
- Promote personal choice; raise self awareness.
- Focus on progress related to GOALS for change: Enhancing Diminished Caregiver Protective Capacities
- Assess effectiveness of change oriented services to address GOALS.
- Establish goals for change to be the focus of the Individualize Service Plan.
- Enhance diminished caregiver protective capacities.

**Safety Plan and Case Plan Evaluation:** Measuring Progress for Change

- Engage caregivers and facilitate change.
- Discuss reason for case opening: Impending Danger
- Promote personal choice; raise self awareness.
- Focus on progress related to GOALS for change: Enhancing Diminished Caregiver Protective Capacities
- Assess effectiveness of change oriented services to address GOALS.
- Establish goals for change to be the focus of the Individualize Service Plan.
- Enhance diminished caregiver protective capacities.

**Anticipated Intervention Outcomes:** Case Closure - Child Safety, Permanency and Wellbeing

- The absence of impending danger and routinely demonstrate Enhanced Caregiver Protective Capacities to assure that a child is protected from danger and caregivers can provide for the needs of their children.
How Will I Know when the FSDMM is successful?

1. Identify outcomes that you would consider to be indicators of successful implementation of the Florida Safety Decision Making Methodology.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

• State how you would measure each outcome.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

2. Identify your role and impact on the outcomes you listed above.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
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• What should your responsibilities include?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
Co-Parenting

QPI video/webinar on Co-Parenting (Link to Co-Parenting Webinar: http://centervideo.forest.usf.edu/qpi/coparent/coparent.html). The webinar will explore co-parenting within the child welfare system.

QPI video/webinar on Co-Parenting Slide Show
My granddaughter
Alex in the NICU

Children live the positive reality in each moment. They have much to teach us if we would just listen.

Alex

Linkenbach, 2010
Co-Parenting
What do we mean by that?

By Definition.....Co-Parenting is:

Essentially rooted in definitions of shared parenting responsibilities by biological parents – typically divorced, separated, or never married.
Is generally considered to be a concept rooted in Italian divorce laws, which were some of the first to recognize the child’s right to have a stable relationship with both parents – irrespective of the parents’ relationship with each other.

Has expanded in recent years to include kinship care arrangements.
Can be very useful in situations where you need clear understandings between kin caregivers and birth parents.
We've moved it a step further by applying it to foster care situations.
Who is really a Co-Parent when a child is removed?

- Birth parents
- Foster parents
- Case manager
- GAL
- Therapist
- DCF

How it works

- All involved parties (including age appropriate children) are invited to a meeting to develop the agreement.
  - It can be at the foster parents’ or other caregivers’ home, but that is not a requirement.
- The tasks required to care for the child are laid out, discussed and assigned to the participants.
- Additionally, agreements are made in other areas
  - Parents have the opportunity to give their children permission to follow the rules of the foster home
  - Children have the opportunity to see the parents and foster parents as partners rather than opposing forces in their lives
  - Everyone meets as people working for a common cause and labels can be dispelled.
- Agreements are flexible and can be revisited by anyone on the team as circumstances change
Co-Parenting

- It asks bio parents to be more responsible for the care of their children and puts them together in one forum with the other people who are helping care for their children.
- It places willing foster parents and other caregivers in the position of being able to model parenting behaviors for the biological parents.
- It can remove the triangulation that occurs when children feel torn between different parent figures.
- It asks age appropriate children to also be part of the team.
- It clarifies roles and expectations at the outset of the placement and can therefore lead to more stability and less frustration by all parties.
- Perhaps most importantly, it forms a team of the parents, the foster parents, the social service workers, along with anyone else who is involved in caring for the child.

Gee....that sounds great!
So why wouldn't everyone just want to do that?

- Foster Parents:
  - Scary birth parents
  - Life cycle interruptions by birth parents
  - Parenting interruptions by birth parents
  - Confusion as to their role in the case
    - Not previously involved in the case planning process
    - Feeling left out of the case by the case manager
  - Do some have their own ideas about whether or not the child should be reunified?
    - What might be driving that and what can we do about it?
  - What else might deter a foster parent from doing this?
I’m furious! The case manager has told us now that Jeff will spend Christmas with his birth mother. We’ve had him as a foster child since he was one, coming to us all dirty and hungry. At the last visit, it was obvious the mom had been drinking. Why does the Department think that woman has cleaned up her act?
— Foster parent

Gee....that sounds great!
So why wouldn’t everyone just want to do that?

• Birth Parents:
  • Initial Trauma from the removal
    • Shock
    • Disbelief
    • Anger
    • Bargaining
    • Grief and Loss reactions
  • Mistrust
    • They see us all as “The System” or “DCF”.
    • They’ve never been asked to be a partner before
I go see my kid at their house. It's a much nicer place than mine. I know they think I'm a bad person and they're judging everything. I do because I made some mistakes. It hurts. I want to see my kids but these visits are painful. The guilt is overwhelming.
— Birth parent

Gee....that sounds great!
So why wouldn't everyone just want to do that?

• Case Managers:
  • Just one more thing to do on a case
  • Time to coordinate, convince and prepare the parties for the initial meeting
  • They are likely to end up with some of the Co-Parenting tasks and have to own that responsibility outright.
  • Surrendering their position of authority in the case in order to assume an even handed partnership with the foster and birth parents.
  • What about you? What would be your misgivings regarding joining a Co-Parenting team?
I have so many visits to supervise in my caseload. And I get so mad when the birth mom doesn’t show up, or worse, she shows up and the foster mom is rude to her. I see how happy the kids are to see their moms, and I realize this is the point. But it’s hard.

— Case manager
“Culture eats best practice for breakfast”
Seiban, 2008

What is the culture in one of our staffings?

- Who sits in these seats?
  - 8 seats – how many of them would generally be filled by family members?
  - Whose culture dominates the meeting?
Em POWER ment

Power as a variable sum idea

- If we view power as a fixed sum then we tend to think that giving power to another person takes it away from us
- If we view power as a variable sum then we understand that we can allow others to take power over their situation without disempowering ourselves

Gee....that sounds awful!
So why would anyone want to do that?

- Foster parents
  - More help from the other members of the parenting team with taking care of the kids.
  - Less friction between the foster parents and the birth parents
  - Better understandings between foster parents, case managers, GALs, and everyone else who is helping with the parenting duties.
I worked with a mom who seemed really scary. She was tall, overpowering looking. I wasn’t sure she was ready to have the child back. But she would come from Miami Beach to see the child. She brought appropriate toys. She would call and ask me how to make a turkey, and she came on Christmas day. I started this relationship with the notes. Then I would meet her at court. I had to take a class to see her at her drug treatment program. If you step out to bridge that gap, you may have a lifetime relationship with the child. It is hard to teach the value of this in a class. You have to have mentors. When I started I had panic attacks. I turned to an older foster parent who could tell me how to handle things.

Foster Parent

Gee....that sounds awful!
So why would anyone want to do that?

• Birth Parents
  • An opportunity to see strong parenting models in practice with their own children
  • Puts a human face on the “system”
  • Allows them to have input on their children’s needs, wants, preferences
  • Allows them to feel like a partner and supports a family centered practice model
There is a Father

- Co-Parenting is not just about a Mom. Dad is a birth parent too.
- Fathers are a powerful influence on a child’s development, whether they are present or not.
- Physicians from the Yale Child Study Center describe this influence:

  "Children whose fathers are not in their daily lives start looking for their fathers as soon as it becomes clear to them that kids have moms and dads... I have seen the search countless times: Children who can’t find their fathers make one up. In a young child who has not felt some form of masculine nurture, the hunger for a paternal presence can be insatiable."

- Family researchers have documented that fathers interact differently with their children than mothers do and have an important role in children’s socialization and ability to regulate emotions. Fathers tend to play more actively than mothers, and help children work through physical and intellectual challenges even in the face of frustration.

- In may take some special efforts to bring a birth father into the picture, but it is important not to write off the possibility. It is impossible for a man to feel like a father and connect to a child without visitation. And it is important to remember that it may have been the birth mother herself who initially banned the father.

- But if the birth father cannot be involved, finding a male "co-parent" for a young child is still important, whether it is a foster parent, other family member, or a committed volunteer.
Ideas for Supporting Co-Parenting for Case Managers and Foster Parents

First and foremost.....just start communicating. Everything else tends to fall in place after that.
HOW’S THAT WORKIN’ FOR YOU?

• HOW MANY OF OUR FAMILIES CAN ACTUALLY DO THIS?
• ACCORDING TO THE INTERNATIONAL META-STUDIES – ABOUT 90%}

Questions? Comments?
Co-Parenting Webinar (QPI) Discussion Questions

As You View the Webinar Consider These Questions:

1. What is co-parenting?

2. Within the child welfare system, who are the potential co-parents?

3. What are the key components of successful co-parenting?

4. What are the barriers to successful co-parenting?

5. How does co-parenting potentially impact each of the individuals involved (bio-parent, foster parent, case manager, child, etc.)?

6. What can a case manager do to ensure successful co-parenting?
Module 2: Overview of Program Area Responsibilities

Program Specific Checklists and Quality of Practice Standards

Job Aids

Program Specific Checklists
The checklists are a resource to quickly check tasks for the specific program area, locate the relevant statutes/law, and review the Quality of Practice Standards that promote quality case work practice.

Purpose/Use by Supervisors
- Conduct case reviews for a case file or for a specific performance topic.
- Provide feedback.
- Use with QPS Tool to provide specific feedback to Investigators/Case Managers.

Use by Investigators/Case Managers
- Provides guidance for investigations and case management as well as documentation expectations.
- Conveys supervisor feedback about specific tasks.
- Provides F.S. and F.A.C. references.
- Provides references to the QPS tool and job aid standards and topics including:
  - Additional FL Statutes and F.A.C. references.
  - Federal compliance requirements.
  - Tasks for quality case management and documentation.

Organization
- The checklists are organized into 3 program areas:
  - Investigations
  - Case Management
  - Adoption
- Checklist items are clustered by topics and are not necessarily sequential.
Columns
- **Citations (Cites)** column: F.S., F.A.C., QPS standards and topic #’s.
- **Tasks** column: case review items: i.e. Investigator/Case Manager tasks, documents, hearings, documentation.
  - Some bullets have several items with check boxes in front.
  - The boxes are marked if the tasks are “yes.”
  - The box is left blank if the tasks are “no” or partially done.
- Yes, No columns:
  - Mark “yes” if the bullet and all check boxes are yes.
  - Mark “no” if a bullet is “no” or there are any blank boxes.
- Follow-up Tasks column: Used to record Investigator/Case Manager:
  - Follow-up tasks for “no’s” or
  - Comments if “yes” items were not completed on time or need more thorough documentation.

Quality of Practice Standards (QPS) Job Aids
- Job aids associated with the Quality of Practice Standards developed by DCF are included in the appendix of the program specific overviews.
- These job aids provide a description of the required standards, as well as the required activities for the worker to implement quality practice.
- Florida Statute and Florida Administrative Code citations are included so that requirements can be cross-referenced to quality practice.

Used by Investigators/Case Managers/Supervisors
- Guides PIs/CMs/Supervisors in investigations, case management and documentation expectations.
- Provides F.S., F.A.C., and other best practice references.
- Highlights specific standards and necessary actions/tasks to be completed to assure the child’s safety, well-being and permanence.
Organization

- Each program has a specific QPS Job Aid referencing its specific job tasks:
  - Investigations
  - Case Management
- Items on the job aid follow DCF’s Quality of Practice Standards, which are used by quality assurance units to review case files for quality practice to meet federal and state guidelines.

Contents

- Table of Contents with organizational topics and QPS topic #s.
- Quality of Practice Standards.
- Cites for F.S., F.A.C., and Federal/State Outcomes: Safety, Well-Being, Permanence
- Requirements to meet quality practice standards: documentation requirements, timeframes, and case specific activities.
Using the PI Quality of Practice Standards (QPS)

Directions: Use the QPS Job Aid to answer the following questions:

1. Background checks were completed on all _______ and report subjects age ___ and older. QPS #1

2. You must document the ________ and ________ discussed with CPT at the time of initial referral. QPS #14

3. ________ were made at least ______ when a child victim was not seen immediately or within 24 hours of intake receipt. QPS #2

4. On-site visits and face-to-face interviews with all children in the home and family must be __________. QPS #3

5. Assessment of child safety must include face-to-face interviews with the ________ and ________ in the household. QPS #5

6. ________ collateral contacts were completed during the course of the investigation. QPS #9

7. A Children’s Legal Services staffing is required when an investigation is assessed to be _________. QPS #12

8. CPT assessment findings and recommendations ________ were followed, or a rationale for not following the assessment/recommendations was documented. QPS #15

9. You must document specific and relevant observations of all children. This documentation must address these five areas: __________ QPS #6
10. The incident date refers to the most recent date the specific _______ _______ _________. QPS #17

11. What are the three different findings that you will use to address whether or not maltreatment occurred?________.________.________. QPS #18

12. If documentation reflects the need for immediate services and/or ongoing services, the file must contain evidence the _______ ___ _________. QPS #22

13. The _______ ___________ documented in FSFN is the appropriate choice based on the information obtained during the investigation. QPS #28

14. You must complete the __________ _______ _______ and document the family’s response to be in compliance with Indian Child Welfare Act. QPS #30

15. Once the decision is made to remove the child, placement priority was given to ______________________ /__________ rather than licensed care. QPS #31

16. You must complete an __________ ______ __________ for each child taken into custody to identify any current medical information/needs. QPS #35
Using the CM Quality of Practice Standards (QPS)

Directions: Use the QPS Job Aid to answer the following questions:

1. In order to assess for re-abuse/re-neglect the Case Manager must make unannounced visits to the child’s current residence at least _____ _____ _____ ______. QPS #1; 2

2. A thorough __________ __________ __________ was conducted following the investigative safety assessment that sufficiently addressed child safety factors and emerging risks. QPS #5

3. __________ ______ were made at least ______ when a child victim was not seen immediately or within 24 hours of intake receipt. QPS #2

4. On-site visits and face-to-face interviews with all children in the home and family must be ___________. QPS #3

5. An initial family assessment must be completed within __________ ______ ______ following the case transfer staffing. QPS # 5

6. The __________ __________ must be focused on the immediate and prospective safety of the child, as well as any changes and implications in the family’s situation related to emerging danger and service needs. QPS #7

7. Placement of a child in an unlicensed out-of-home care setting or reunification must be preceded by __________. QPS#9
8. ________-__________/___________ for placement planning must be conducted before each placement to ensure the placement or move was unavoidable. QPS #12

9. You must conduct an ______ ______ with every child age 5 and older who leaves a licensed out-of-home care placement if the child has resided in that placement for 30 days or more. QPS #17

10. The court must be updated regarding the ________, ______ and __________ for changes in placement. QPS #19

11. Supervisory reviews are to be completed ______ on all active cases. QPS #20

12. For Non-judicial In-Home cases, a case plan must be finalized within ___ ______ of the case being accepted for services. QPS #21

13. For cases in which an out-of-state placement is made, a complete __________ _______________ packet requesting a non-priority home study must be completed. QPS #38

14. A TPR petition must be filed within ___ _____ of any child being in out-of-home care for 12 of the most recent __ ______. QPS #40

15. The ________ and ________ of Case Manager’s visits with case participants was sufficient to address issues pertaining to the child’s safety, permanency goals and well-being. QPS #56 and 57

16. ________ ________ was obtained for the use of psychotropic medications when necessary to address the child’s mental/behavioral health needs. QPS #67
## Family Functioning Assessment

The objective of the FFA:

Identify families where children are unsafe and in need of ongoing protective supervision (whether voluntary or court ordered in the home.)

- Determine children who are unsafe
- Protect children who are unsafe
- Establish and manage safety plans
- Verify the occurrence of maltreatment
- Identify problems associated with impending danger & caregiver protective capacities
- Refer families for community based supports

### Family Functioning Assessment

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

### Incident Focused Assessment

- Effectiveness related to reconciling guilt
- Effectiveness related to proving an allegation of maltreatment.
- Information collection focused on incident
- Perpetrator – victim orientation
- Maltreatment is problem
- Concerned with evidence
- Validating maltreatment
Module 3: Worker Safety

Worker Safety Plan

Adapted from Domestic Violence Protocol, Massachusetts Department of Social Services

Learning to identify dangerous behavior that elicits the need for safety planning is crucial when working in many situations, especially domestic violence.

Listed below are some general indicators of an abusive personality. You must use extreme caution when intervening in a family where these behaviors exist.

Remember, your involvement may threaten the batterer’s control of the situation and may increase the risk to the family and to you.

Indicators of an Abusive Personality

- blaming everyone but self
- obsessive behavior - jealous, accusatory
- threatening suicide, violence, kidnapping, harming those who try to help
- stalking
- presenting as if he/she is the victim
- vengeful - may file for an injunction against the victim or sue for custody of the children
- powerful - may report having friends in positions of power (i.e., police, organized crime, wealthy individuals)
- paranoid/hypersensitive
- criminal record of violent offenses - check FDLE for offenses like assault/battery on police
- belligerent toward authority figures - including representatives of the agency
- current alcohol and drug abuse
- access to weapons or training in martial arts or boxing

Safety Guidelines

If the person exhibits any/all of the characteristics listed above, do not go to the home until you have carefully considered the following:

- Consult your supervisor and domestic violence specialist (if available) and discuss your concerns. Begin safety planning.
- Consider taking a co-worker or police officer to the home.
- Never meet with a person who is under the influence.
• When conducting an assessment or interviews with the family, always be aware of triggers which may cause this individual to respond in a violent way:
  o Parent is preparing to leave - i.e., shelter, injunction, separation, or divorce.
  o Children are going to be removed - before, during, or after a hearing.
  o Batterer has just been released from jail or is facing serious criminal charges or possible incarceration.
  o Allegations have been made directly about batterer regarding child maltreatment or domestic violence (or both).
  o Batterer is asking for information about the family’s location if there has been a separation.
  o Permanency plan goal changes to adoption.

When Working in High Risk Situations

• Never meet with the batterer alone. If possible, plan the visit at the local office, or take a colleague with you.
• Exercise caution when leaving the office or the visit. Park in a safe place.
• Contact law enforcement if FDLE shows a criminal record of violent offenses.
• Notify colleagues that a potentially dangerous client is coming in to meet with you. Tell them when and where you will meet.
• Whenever possible, use a meeting room with multiple exits, in case you need to leave quickly.
• If possible, have security nearby.
• Know the procedures used in your unit for emergencies.

If You Find Yourself in a Violent Situation

• Trust your instincts. If you feel afraid, you are probably unsafe!
• Stay calm. The batterer will try to test your limits. It is important not to engage in a confrontation.
• If you feel anger directed at you, try to calm him. Explain to the batterer that the anger is misplaced and you are there to help. End the visit.
• When you are aware of escalation of the batter’s anger, always notify the adult victim of the risk to her/him and the children!
**Assuring Personal Safety**

- Request LE assistance if you believe that it is necessary.
- Remain calm; introduce yourself and explain your presence in a supportive, matter-of-fact manner.
- Reassure the family that your purpose is to help them and to protect the child(ren):
  - Tell the family that you are interested in working collaboratively with them.
  - Try to establish rapport and engage the family members using supportive and open-ended interviewing methods.
- Use strategies to involve family members in a joint process:
  - Problem analysis
  - Identification of strengths and resources
  - Planning for solutions
- Use “talk down” strategies during interviews to defuse hostility and resistance:
  - Acknowledge expressions of anger or fear, and provide reassurance.
  - Do not challenge family members or make accusatory statements.
- Assess a person’s body language to determine if the person is potentially volatile:
  - Recognize signs of escalation.
  - If “talk down” does not help to defuse a person’s anger and hostility appears to escalate, take steps to leave.
- Interview the family members in a room that is near an exit:
  - Always be aware of accessible exits to enable you to leave the premises if you must.
  - Try to stay between the client and an exit to prevent being blocked inside.
- Disband groups of people:
  - Take the primary interviewee to your car or any other safe location.
  - Ask to speak to people alone to maintain their privacy.
  - Do not conduct family interviews if you think the family might be potentially dangerous as a group.
- Do not behave defensively or threatening in your tone of voice or actions:
  - Regardless of the threat, always retain a calm and matter-of-fact demeanor.
  - Maintain a supportive demeanor.
- Be aware of the child’s home environment and surroundings for potentially dangerous situations including the following:
  - Groups “hanging out”
  - Parking areas that could be blocked
Entering Properties with Dogs

• Whenever possible:
  o Advise the dog owners of your visit, and ask them to tie up any dogs.
  o Make your entrance in a vehicle (this is the way most dogs see their owners and friends arrive).
  o Before walking onto the property, check for signs that a dog may live there, such as bones, a dog kennel, chewed up articles or dog droppings.

• When entering a property:
  o Rattle the gate or make a noise calling or whistling the dog, etc.
  o If the dog comes, greet him as a long lost friend, and if he responds to you and you are confident, enter the property.
  o The gate should be closed, but not latched until it is known where the dog is and whether it is friendly or not.
  o If there is barking, but it does not get any closer after a reasonable time, you might assume the dog is tied up or behind a back fence.

• Walk in confident manner, dogs do not smell fear, but they are very good at reading body language (jerky nervous movements etc).

• If a dog approaches you, try and understand his posture. If he is alert but not aggressive, greet him (perhaps turning side on to present a less imposing figure), let him sniff you, but don't stop; just carry on walking, avoiding excessive eye contact. Remember to keep a wary eye behind you.

• If you come across a sleeping dog, back off and try to waken him at a safe distance and begin the greeting procedure.

• Avoid walking close to the walls of the house, as you may surprise a sleeping dog.

• If a dog appears to be chained up, do not assume that the chain is attached, or it may be longer than you think or even break. Remember, dogs are more aggressive when tied up.

• If a dog is hiding or lying on a doorstep, give him room to escape. Beware!

• If the owners are present, ask them to tie the dog up. Beware of the statement, "It's alright; he won't hurt you." All dogs will bite given the right circumstances.

• When knocking at a door, stand back. If a dog is inside, the owner may not be quick enough to prevent the dog from biting you.

• Never assume that because a dog's tail is wagging he won't bite; it can mean indecision on the dog's part, and they seldom hurt you with that end.

• Be aware that many attacks occur when a person is leaving a property; exercise caution. Place something between you and the dog.

• Never run unless you can beat the dog to a safe haven, this is a sure way to incite an attack.
Strategies and Techniques for Field and Office Safety

At the time of intake/case, try to find answers to the following questions:

- Does anyone in the family have a history of violent behavior?
- Does anyone in the family possess and use weapons to threaten others?
- What is the caller’s assessment of the safety of this situation?
- Is there another person in the household who might become upset and violent, such as a boyfriend?
- Does the family possess a pet which could become vicious?
- Is there known use of drugs and alcohol in the family?

You should be concerned when you receive the following types of intakes:

- Safety issues raised in questions for #1 are unknowns.
- The family lives in a high-crime area.
- The report involves violent behavior.

Home Visits

- Always let a co-worker in the office know where you are going and when you plan to return.
- Note exits and stay near one of them. Do not let any adult family members come between you and the door.
- When meeting alone and violent behavior seems a possibility, if the individual leaves the room, go outside rather than follow the person into another room, or wait for the person to return.
- Face a hostile family member at all times. Do not turn your back on this person.
- Never touch an adult family member unless adequate rapport and a sound relationship has been developed between you and this person.

Office Safety Facilities/Environment

- Examine the physical arrangement of each office, i.e. location of doors, windows, offices, furniture, and other objects to determine how to make the environment as safe as possible.
- Consideration should be given to the following:
  - Can a barrier be placed between the receptionist and entering individuals?
  - Can individuals be observed BEFORE they enter the office through windows or doors?
  - Are there two or more exits from the reception and office area?
Home Visits (continued):

- If you feel in danger, leave immediately and seek assistance.
- Take a co-worker along if you have reason to believe that going alone may be dangerous and you believe that another worker will give you more command influence.
- With a co-worker, establish a code system to signal each other if danger seems possible and you need to leave immediately.
- Take a co-worker with you when
  - The visit is after hours, especially when the family is unknown
  - Drugs and alcohol are involved
  - The location of the family is rural and isolated and rapport with the family has not yet been established
  - The family is part of a sub-cultural group
  - A child has just been removed
- If you believe that official influence is required to ensure your safety, request that a police officer accompany you. Below are guidelines for deciding when to request official assurance:
  - Someone in the family is mentally ill.
  - Weapons are known to be present.
  - There is a history of violence and reason to believe that this individual is hostile or resistant at the present time.
  - Your supervisor believes that immediate removal is highly possible.
  - You intuitively feel your safety is at risk.

Office Safety Facilities/Environment (continued):

- Are the conference or interview rooms clear of any small moveable objects that could be used as weapons?
- Is there a special room that could be used when you believe an individual might become combative? It should have only two or three chairs and maybe a table and two exits.
- Is there lighting adequate in the parking area, corridors, etc., if you must leave the office at night?
- Are family members prevented from having easy access to employee break rooms?

Personnel

- Alert the receptionist to the possibility of individuals coming in who may be or become hostile.
- An office safety system should be established. This should be a signaling system for indicating the presence of a hostile individual and/or a worker in need of assistance. The system would allow a receptionist to forewarn you, and also allow you to summon assistance as required.
- Such a signaling system can consist of using colors, e.g., you have a hostile client in your office and call another worker or the receptionist, saying: “Mr. Blaugh is here, and we need to see the blue folder.” The blue folder could indicate that another worker should immediately come into the room to help defuse the hostility.
Actions for Safety:

- Maintain professional, competent manner.
  - Wear simple business attire (do not “over dress”).
  - Wear comfortable shoes.
  - Use respectful communication with family.
  - Use open body language.
  - Use a clear, pleasant speaking voice.

- Explain clearly to the family:
  - Who you are
  - Where you are from
  - Why you are visiting them

- Maintain self-control
  - Do not become defensive or angry.
  - Calmly try to understand the situation.
  - Leave the situation if you feel you need (or the client needs) “time-out” to calm down.
Vicarious Trauma and Resilience/Well-Being

In this section we will:

- Define vicarious trauma
- Discuss the personal and professional risk factors for experiencing vicarious trauma
- Explore how exposure to trauma in the lives of families that we serve affects our own well-being.
- Define Resilience
- Discuss strategies that can be used to help us strengthen our own resilience when repeatedly exposed to trauma experienced by others

Activity - Recognizing Your Resilience

Directions:

We’ve all demonstrated resilience in our lives. Take a few moments to recall a challenging time in your life (professionally or personally) when you were able to demonstrate each of the characteristics below and describe those conditions and circumstances.

I stayed positive when:

________________________________________________________________________

________________________________________________________________________

I stayed focused when:

________________________________________________________________________

________________________________________________________________________

I stayed flexible when:

________________________________________________________________________

________________________________________________________________________

I stayed organized when:

________________________________________________________________________

________________________________________________________________________

I stayed proactive when:

________________________________________________________________________

________________________________________________________________________
Child Welfare Professionals' Exposure to Trauma

“Social work trauma can occur when a caseload event or series of events is beyond the capacity of the social worker to manage. This does not mean that any challenge at work will result in workplace trauma. Professionals grow by encountering workplace challenges that are beyond their grasp and developing new skills necessary to manage new situations. Trauma effects, however, can develop when a social worker is confronted with an event or series of events that cannot be readily managed, either emotionally, or practically, and in which there is an element of danger. These events may be directed at the worker or they may be directed at the client and have an indirect effect on the social worker. In either scenario the impact of the event will be in part determined by the personal vulnerabilities of the particular worker.” (Horowitz, 1998)

Direct and Indirect Worker Trauma

Direct Trauma
- Assault and vandalism
- Verbal abuse; threat of assault
- Public sources of harassment, ridicule, criticism and disrespect, including the media
- Organizational demands, such as high caseloads and lack of resources for families resulting in limited hope for success

Indirect Trauma
- Exposure to repeated stories of the dismal and destructive events in clients’ lives
- Repeated exposure to client affect including extreme anger and sadness—emotional contagions
- A sense of responsibility for the conditions leading to a difficult event
- A sense of similarity with a client due to a situation or personal characteristic (“It could have been me, or my child.”)

Effects
The effects of exposure to trauma are defined by the degree to which workers are directly exposed to ongoing client trauma events as well as the worker’s level of responsibility for the conditions in a client’s life.

What Effects Can Look Like
- Constant awareness of pain surrounding work
- Intrusive thoughts about clients and their circumstances
- Hyper-vigilance
- Depression
- Lack of competence in decision-making
- Work spillover into personal life
<table>
<thead>
<tr>
<th>Mild</th>
<th>Trauma Continuum</th>
<th>Severe</th>
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<tbody>
<tr>
<td>• Providing services in a contained office environment for a set period of time.</td>
<td>• Exposed to ongoing trauma events directly related to clients.</td>
<td>• Providing home-based services.</td>
</tr>
<tr>
<td>• Affected by the stories they hear.</td>
<td>• Working with the client in the office and in the client’s home.</td>
<td>• Spending many hours in the client’s home and witnessing traumatizing conditions and events on a continual basis.</td>
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<tr>
<td>• These stories are at times related to ongoing events, but often these stories describe events in the past from which the client is currently safe.</td>
<td>• Perceive themselves as having a degree of responsibility for determining conditions under which the trauma events may occur.</td>
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**Personal Vulnerability Factors**
- Past experiences in the worker’s life (i.e., worker’s own experience with abuse)
- Worker’s coping style
- Current life situation (i.e., divorce, death of a parent, birth of a child)

**Professional Vulnerability Factors**
- Caseload size
- Organizational structure and policies
- Adequate and supportive supervision
- Resources for clients
- Public opinion

**Self-Care**
- Create a ritual to let your day go at the end of every day.
- Do not leave the best part of yourself at work.
- Don’t hold it in. Allow yourself to feel and express your feelings. Help others around you do the same.
- Exercise, participate in meaningful activities, take time for yourself. Use positive self-talk.

**Building Resilience on Your Team**
- Use group supervision to process group feelings.
- Look for signs of vulnerability in staff: loss of confidence, difficulty feeling empathy, feeling powerless, noticeable irritably.
- Ask: “How did you feel about that?” , “How did it affect you?”
# Activity - How Resilient Are You?

`Rate yourself on the following statements:
1=strongly disagree ← → 5= strongly agree`

1. I’m very resilient. I adapt quickly. I’m good at bouncing back from difficulties.
   - 1 2 3 4 5

2. I’m optimistic, see difficulties as temporary, expect to overcome them and have things turn out well.
   - 1 2 3 4 5

3. In a crisis, I calm myself and focus on taking useful actions.
   - 1 2 3 4 5

4. I’m good at solving problems logically.
   - 1 2 3 4 5

5. I can think of creative solutions to challenges.
   - 1 2 3 4 5

6. I trust my intuition.
   - 1 2 3 4 5

7. I’m curious. I ask questions and want to know how things work. I experiment.
   - 1 2 3 4 5

8. I learn from my experiences and the experiences of others.
   - 1 2 3 4 5

9. I’m very flexible. I feel comfortable with inner complexity (trusting and cautious, unselfish and selfish, optimistic and pessimistic, etc…).
   - 1 2 3 4 5
Activity, cont.: How Resilient Are You?

1=strongly disagree ↔ 5= strongly agree

10. I anticipate problems to avoid and expect the unexpected.

1 2 3 4 5

11. I'm able to tolerate ambiguity and uncertainty in situations.

1 2 3 4 5

12. I feel self-confident, enjoy healthy self-esteem, and have an attitude of professionalism about work.

1 2 3 4 5

13. I'm a good listener and have a lot of empathy for people. I can “read” people well.

1 2 3 4 5

14. I can adapt to various personality types (even difficult people). I’m non-judgmental.

1 2 3 4 5

15. I’m able to recover emotionally from losses and setbacks.

1 2 3 4 5

16. I’m very durable and keep going through tough times. I have an independent spirit.

1 2 3 4 5

1. I have been made stronger and better by difficult experiences.

1 2 3 4 5

2. I can convert misfortune into good fortune and discover unexpected benefits in almost any situation.

1 2 3 4 5

3. I can express feelings to others, let go of anger, overcome discouragement, and ask for help.

1 2 3 4 5


The information and activities on building resilience to vicarious trauma have been adapted from the “Supervising For Excellence” curriculum (Day 2). Revised December, 2011 [http://centerforchildwelfare.fmhi.usf.edu/kb/SupervisingForExcellenceCurriculum](http://centerforchildwelfare.fmhi.usf.edu/kb/SupervisingForExcellenceCurriculum)
## Module 4: Child Welfare Certification Process and Requirements

### Child Welfare Certification Program Requirements, Timelines and Fees

<table>
<thead>
<tr>
<th>Program Requirement</th>
<th>Timeline/Fee</th>
<th>All Child Welfare Certifications</th>
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</table>
| Register with the FCB as a Child Welfare Certification Applicant | - Within 10 days of hire  
- $150 fee for independent applicants  
- No fee for all other applicants | - Complete and submit the Child Welfare Certification Registration Form  
- Registration provides the FCB with the applicant's demographic information, places the applicant under the FCB Code of Ethics, and documents the applicant's agreement to follow the FCB policies and procedures. |
| Demonstrate completion of education and training requirements | - Timeline varies based on background of applicant  
- No fee | - Pre-service training programs must meet FCB identified and DCF approved core competencies.  
- DCF must approve each employer's pre-service curricula.  
- Employers verify and attest that the applicant has (1) completed required training before hire, or (2) completed agency pre-service training, or (3) completed an adequate combination of pre-hire and post-hire training.  
| Pass the written competency exam                         | - Employer registers employee for exam when education and training requirements are met  
- No fee until July 1, 2012  
- Beginning July 1, 2012, there is a $50 fee per test attempt | - The FCB administers discipline-specific Written Competency Exams.  
- Exams measure knowledge and understanding of published core competencies.  
- Exams are multiple choice.  
- The FCB does not limit the number of test attempts; however, the employer may limit the number of test attempts before removing the employee from a position requiring certification. |
| Apply for Child Welfare Provisional Certification (CWPC)  | - After passing the written competency exam  
- $100 fee  
- Requires a minimum of 520 hours of experience in direct child welfare services | - Complete and submit the Child Welfare Provisional Certification Application Form and documentation of required experience with the $100 certification fee.  
- Upon receipt of the application and application fee, the FCB will verify a passing score on the competency exam and issue provisional certification, which is valid for 12 months from the date of passing the Written Competency Exam. |
| Hold Child Welfare Provisional Certification (CWPC)       | - Valid for 12 months from date of passing the written competency exam.  
- No fee | - A time-limited, scope-limited credential is held while employees gain the supervision and experience necessary to fulfill certification requirements.  
- During this time employees are expected to seek and respond to close supervision. |
### Child Welfare Certification Program Requirements, Timelines and Fees

<table>
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<th>Requirements</th>
<th>Fees</th>
<th>Additional Information</th>
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<td>Complete supervision and experience</td>
<td>- Maximum of 12 months from the date of passing the written competency exam</td>
<td>No fee</td>
<td>Candidates in all categories must complete and submit verification of a minimum of 1,040 hours in direct child welfare services AND 52 hours of individual and/or group supervision. See complete requirements for Child Welfare Certification Program: Experience and Supervision.</td>
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<td>requirements</td>
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<tr>
<td>Apply for full certification</td>
<td>- Credential awarded upon receipt of documentation verifying completion of experience and supervision requirements</td>
<td>No fee</td>
<td>Complete and submit the Child Welfare Certification Application Form, which includes documentation of completion of supervision and experience requirements.</td>
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<td>Maintain and renew credential</td>
<td>- Two years from date of award</td>
<td>$200 renewal fee</td>
<td>Each 12-month period, certified professionals must earn a minimum of 20 Continuing Education Units (CEUs), for a total of 40 CEUs due at renewal time. The FCB accepts a broad range of CEUs from a wide range of Approved CEU providers. See Child Welfare Certification Program: Renewal and Continuing Education.</td>
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Effective date: 3-5-2012
# Child Welfare Certification Program

**Certification Program Standards: Employer-Sponsored Applicant**

DRAFT for FCB Child Welfare Advisory Board Approval

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</table>

<table>
<thead>
<tr>
<th>Type of Supervision</th>
<th>Minimum Requirement</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field supervision</td>
<td>6 field observations and case consultations.</td>
<td>Qualified supervisor must observe applicant interacting with children and/or families on 6 separate occasions. A maximum of 2 of the 6 observations can be in professional, office-based settings. The supervisor and applicant must meet after the observation for a case consultation.</td>
</tr>
<tr>
<td>Individual Supervision</td>
<td>20 hours of supervision.</td>
<td>One-on-one supervision. Must be in minimum of 15-minute increments.</td>
</tr>
<tr>
<td>Group Supervision</td>
<td>20 hours of supervision.</td>
<td>Supervision with two or more staff at the same time. Staff refers to certified or uncertified persons.</td>
</tr>
<tr>
<td>Continuing Education</td>
<td>Document a minimum of 20 hours each 12 months the credential is held. Total of 40 hours of Continuing Education is due with bi-annual renewal.</td>
<td></td>
</tr>
<tr>
<td>Renewal</td>
<td>Renewal is every 2 years. Renewal fee is $200</td>
<td></td>
</tr>
</tbody>
</table>
Child Welfare Certification Program
Certification Program Standards: Employer-Sponsored Applicant
DRAFT for FCB Child Welfare Advisory Board Approval

- **Dutien: CW Certification**
  - Registration Form to the FCB within 15 days of hire

  - The registration form includes demographic information, formal education history, acknowledgement of the FCB Code of Ethics, Criminal Background Policy, and Assurance and Release. This form must be completed and on file with the FCB before Provisional Certification will be awarded.

- **Complete employee-provided training requirements.**

  - The employer is responsible for determining, providing, and documenting completion of training needs. Employer verification of compliance with training requirements is documented in the Provisional Certification Application.

- **Take Written Exam**

  - Employers register and administer the written exam after training requirements have been met.

- **Submit CW Provisional Certification Application to the FCB**

  - The provisional certification application includes employer verification of completion of training and exam requirements and applicant's understanding of the scope of the provisional credential. Upon receipt of the application, the FCB verifies the exam score and awards provisional certification.

- **Hold CW Provisional Certification (valid for a maximum 12-months)**

  - Provisional certification is valid for a maximum of 12 months to allow for completion of supervision and experience requirements.

- **Complete field, individual, and group supervision requirements.**

  - Supervision standards are based on national best-practice recommendations.

- **Complete minimum experience requirements.**

- **Submit CW Certification Application to the FCB.**

  - The CW certification application includes employer verification of completion of supervision and experience requirements and applicant's understanding of the scope of the full credential and maintenance renewal requirements. Upon receipt of the application, the FCB verifies documentation and awards full certification.

- **Hold CW Certification (valid for a maximum 34 months)**

- **Complete annual continuing education requirements (20 hours)**

- **Renew Credential bi-annually (October 31st of alternate calendar years)**
Module 1: Introduction to the Child Welfare Pre-Service Training

OBJECTIVES:

• Identify Child Welfare Pre-Service Training Components.
• Understand the basic philosophical tenets of child protection services and the Core tenets of Florida’s Practice Model.
• Define the Florida Safety Decision Making Methodology.
• Identify indicators of success for the Florida Safety Decision Making Methodology.
• Understand the concept of co-parenting.

In-Services for Child Welfare Pre-Service Training Titles and Recommended Timeframes
Slide 4

Florida Safety Decision Making
Methodology: Safety Intervention Model

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Slide 5

Family Centered Practice
• Demonstration of Respect and Courtesy
• Demonstration of Genuineness and Equity
• Responding Promptly
• Constantly Seeking to Engage
• Act and Respond with the Family as the Primary Source of Information
• Provide Support and Encouragement
• Demonstrate Professionalism
• Enable and Promote Participation and Involvement
• Provide Necessary Information

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Slide 6

Core Tenets of Florida’s Practice Model
- Engage
- Partner
- Assess & Understand
- Gather Information
- Plan for Child Safety
- Plan for Family Change
- Monitor and Adapt

---
**Slide 7**

**KNOW THE FAMILY**

- Extent of Maltreatment
- Surrounding Circumstances
- Child Functioning
- Parenting Practices
- Disciplinary Practices/Behavior Management
- Adult Functioning

**Slide 8**

**Information Standards**

Making good decisions about safety is based on gathering sufficient information:

1. **Nature and extent of maltreatment.**
   - What is the nature and extent of the maltreatment?
2. **Circumstances of maltreatment.**
   - What circumstances accompany the maltreatment?
3. **Child functioning.**
   - How does the child function day-to-day?
4. **Parental discipline.**
   - How does the parent discipline the child?
5. **General parenting.**
   - What are the overall parenting practices?
6. **Adult functioning.**
   - How does the parent manage his/her own life?

**Slide 9**

**We will know we are successful when......**
Co-Parenting

Objectives:
- Identify the various parenting arrangements that exist.
- Learn the importance of Co-Parenting.

QPI video/webinar on Co-Parenting

http://centervideo.forest.usf.edu/qpi/coparent/coparent.html

Module 2: Overview of Program Area Responsibilities

OBJECTIVES
- Summarize major job responsibilities of the program area.
- Identify how your job tasks interact with other ongoing agency services.
- Define the Family Functioning Assessment through describing the intervention purpose and objectives of the Family Functioning Assessment.
Slide 13

Purpose and Conceptual Framework for the Family Functioning Assessment

Slide 14

Family Functioning Assessment (FFA)

**Purpose**
- Identify families in which children are unsafe and in need of ongoing protective supervision (whether voluntary or court ordered in the home.)

**Practice Objectives**
- Determine children who are unsafe
- Protect children who are unsafe
- Establish and manage safety plans
- Verify the occurrence of maltreatment
- Identify problems associated with impending danger & caregiver protective capacities
- Refer families for community based supports.

Slide 15

FFA vs. Incident Focused

<table>
<thead>
<tr>
<th>FFA</th>
<th>Incident Focused</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Effectiveness related to evaluating safety</td>
<td>• Effectiveness related to reconciling guilt</td>
</tr>
<tr>
<td>• Information collection focused on family functioning</td>
<td>• Effectiveness related to proving an allegation of maltreatment.</td>
</tr>
<tr>
<td>• Caregiver protective capacity – child needs orientation</td>
<td>• Information collection focused on incident</td>
</tr>
<tr>
<td>• Maltreatment is symptomatic of problem</td>
<td>• Perpetrator – victim orientation</td>
</tr>
<tr>
<td>• Concerned with factual information</td>
<td>• Maltreatment is problem</td>
</tr>
<tr>
<td>• Understanding impending danger and caregiver protective capacity</td>
<td>• Concerned with evidence</td>
</tr>
<tr>
<td></td>
<td>• Validating maltreatment</td>
</tr>
</tbody>
</table>
Module 3: Worker Safety

OBJECTIVE:
• Describe strategies & techniques for field and office safety.
• Describe strategies for personal well-being

Module 4: Child Welfare Certification Process and Requirements

OBJECTIVE:
• Explain Florida's Child Welfare Certification Requirements

Slide 16

Slide 17