Child Welfare Pre-Service Training

Orientation

Trainer Guide

July 2013
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Safety Protection Expert

Time estimate

Participant Guide pages inserted in Trainer Guide

Additional Readings / Resources

Flip Chart

FSFN Training Region

Discussion

Activity

PowerPoint Presentation/PPT

Handout

Trainer Tips

Materials

Webpage

Video
**Pre-requisite Skills and Case Flow**

All courses are sequenced to accommodate pre-requisite skills and case flow; therefore, the courses should be scheduled using the course numbers 100 - 128.

Immediately following successful completion of pre-service training, employees are eligible to apply for provisional certification through a third-party credentialing entity, currently the Florida Certification Board. The Florida Certification Board can be contacted at [http://www.flcertificationboard.com](http://www.flcertificationboard.com) or 850-222-6314 to obtain specific information regarding application requirements. More in-depth certification information will be covered in Module 4 of this course.

Also, during the period between pre-service training and applying for full certification, in-service training courses 126, 129-131 may be used for the purpose of assisting certification candidates in demonstrating competencies and preparing for certification. Included are FSFN courses, classroom courses and field activities.

**Course Goals**

The goal of Orientation is to provide the learner with information about:

- Components of the Pre-Service Training
- Core Tenets of Florida’s Practice Model
- Florida Decision Making Methodology
- Program-Specific Job Responsibilities
- Family Functioning Assessment
- Worker Safety
- Department of Children and Families Certification Process for child protection workers
Knowledge Base Competencies

The following **Case Management (CM) Knowledge Base Competencies** (organized by domain) are addressed in **Orientation**:

**Professional and Legal Responsibilities, Documentation Requirements:**

- **K4.** The philosophy, purpose, requirements, and application of federal and state child welfare policy and legislation, including the Adoption and Safe Families Act (ASFA), the Indian Child Welfare Act (ICWA), the Multi-ethnic Placement Act (MEPA), the Interstate Compact for the Placement of Children (ICPC), the Florida Statutes, the Florida Administrative Code, and all related laws.
- **K6.** Confidentiality regulations.
- **K7.** Case manager’s legal responsibilities to children, parents, foster parents and others according to Florida Administrative Code.
- **K8.** The importance of adhering to the provisions of federal and state statutes in child welfare casework.
- **K9.** Purpose and timeframes for dependency court hearings and petitions. (K23) Legal protections afforded to families and children by juvenile court intervention and the potential detrimental consequences if legal procedures are not followed.
- **K10.** Legal requirements and case manager’s role for the removal and placement of children.
- **K11.** A child’s statutory right to participate in case planning and attend court proceedings.
- **K13.** Caseworker’s responsibilities in locating and contacting absent biological parents and putative fathers for court actions.
- **K14.** Penalties and resulting agency and caseworker liability for submitting falsified documents, case notes and case plans to the court.
- **K15.** Organizational risk management issues.
- **K16.** Required performance standards and casework best practices.
- **K17.** Quality assurance practices and standards.
- **K19.** Case situations (including removal of children) that may be inherently threatening and stressful to clients and may result in desperate behavior; knowledge of de-escalation skills and techniques.
- **K21.** Definitions and fundamental concepts of culture and diversity.
- **K23.** Client differences in culture and ethnicity.
- **K25.** Multiple types, purposes, and uses of case documentation.
- **K26.** Benefits of formally documenting the case plan in the case record.

**Family and Community Engagement:**

- **K27.** Family centered practice.
- **K28.** Strength-based practice.

**Assessment:**

- **K34.** Knowledge of family dynamics and family systems.
Safety Management, Service Planning and Delivery:

- K36. The values that underlie a family-centered approach to child welfare, in providing services to improve individual and family functioning within the context of the family’s culture and community.
- K37. Principles of family-centered practice are implemented in all phases of child welfare practice.
- K41. Roles and activities of the case manager in school-based programs to enhance children's adjustment in school, prevent academic failure and dropping out, and prevent maltreatment.
- K45. Approaches to plan and support major life transitions for children.
- K46. Processes used in a variety of models for family group meetings to promote family involvement in case planning and decision making.
- K47. Purpose and operations of a variety of work teams, and understands the worker's role in participating in these teams.
- K49. Know when to engage child legal services (CLS).

The following Protective Investigations (PI) Knowledge Base Competencies (organized by domain) are addressed in Orientation:

Child Protection Foundations:

- K1. Knowledge of ethical standards required to be upheld throughout one’s professional career to maintain the public trust and the consequences of violating those standards.
- K11. Knowledge of general child welfare policy and legislation including the Adoption and Safe Families Act (ASFA), the Child Abuse Prevention and Treatment Act (CAPTA), the Indian Child Welfare Act (ICWA), the Fostering Connections Act, the Multi-ethnic Placement Act (MEPA), the Interstate Compact for the Placement of Children (ICPC), and Florida Administrative Code.
- K12. Knowledge of culture, diversity and cultural competence.

Formulating the Investigative Response:

- K24. Knowledge of notification requirements for specific types of alleged child maltreatment investigations or special conditions referrals.

Engagement:

- K28. Knowledge of how one’s personal value system, cultural background, and beliefs may influence actions and decisions in child welfare practice.
• K29. Knowledge of how to plan for and maintain personal safety through awareness, techniques and skills.
• K30. Knowledge of verbal de-escalation techniques.

**Initial Assessment and Problem Identification:**

• K37. Knowledge of child vulnerability and caregiver/family protective capacities.
• K38. Knowledge of family dynamics and family systems.

**Safety Management:**

• K41. Knowledge of crisis intervention techniques.
• K43. Knowledge of reasonable efforts to prevent removal.
• K45. Knowledge of transfer protocols from investigation to on-going services.

**Planning and Teaming:**

• K46. Knowledge of the role of the protective investigator to have primary responsibility for gathering, assessing, understanding, integrating, documenting, and communicating critical information throughout the investigation to all essential parties in order to ensure informed decision making.
• K47. Knowledge of which individuals'/parties' protected information can be shared.
• K48. Knowledge of factors and circumstances that indicate a need for a legal staffing in consideration of seeking court oversight and supervision.
• K50. Knowledge of roles and responsibilities of law enforcement, Child Protection Team, and external partners (i.e., DV, mental health, etc.)
• K51. Knowledge of timeframes to submit work for supervisory review.
Course Objectives

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

- 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.

Module 2: Overview of Program Area Responsibilities

- Summarize major job responsibilities of the various program areas.
- Identity 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.

Module 3: Worker Safety

- Describe strategies and techniques for field and office safety.

Module 4: The Certification Process for Child Protection Professionals

- Explain the Department’s certification requirements and process.

Training Materials

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

- PG1 Total Instructional Times by Program Area
- PG2 Protective Investigations Track
- PG3 Case Management Track
- PG4 Dual Track
- PG5 In-Services for Child Welfare Pre-Service Training
- PG6 Family Centered Practice
- PG7 Core Tenets of Florida’s Practice Model
- PG8 Information Standards
- PG9-15 PG-14-28 Co-Parenting
Module 2: Overview of Program Area Responsibilities

♦ PG1-3 Program Specific Checklists and Quality Of Practice Standards Tools Job Aids
♦ PG4-5 Using the PI QPS Job Aid
♦ PG6-7 Using the CM QPS Job Aid
♦ PG8 Family Functioning Assessment

Module 3: Worker Safety

♦ PG1-2 Worker’s Safety Plan
♦ PG3-4 Assuring Personal Safety
♦ PG5-7 Strategies and Techniques for Field and Office Safety
♦ PG8-13 Vicarious Trauma and Resilience/Well-Being

Module 4: The Certification Process for Child Protection Professionals

♦ PG1-4 Certification of Child Protection Professionals

Visual Aids

Power Points Slides

♦ PPT1 Orientation
♦ PPT2 Module 1 Objectives
♦ PPT3 In-Services for Child Welfare Pre-Service Training Timeframes
♦ PPT4 Florida Safety Decision Making Intervention Model
♦ PPT5 Family Centered Practice
♦ PPT6 Core Tenets of Florida’s Practice Model
♦ PPT7-8 Information Standards
♦ PPT9 Success Activity
♦ PPT10-11 Co-Parenting
♦ PPT12 Module 2 Objectives
♦ PPT 13 Purpose and Conceptual Framework for the FFA
♦ PPT 14 Family Functioning Assessment
♦ PPT 15 FFA vs IncidentFocused
♦ PPT 16 Module 3 Objectives
♦ PPT 17 Module 4 Objectives
Module 1: Introduction to Pre-Service Training

- Present PPT1, Orientation, and PPT2, Module 1 Objectives.

Background Knowledge/Experience

Prior to beginning instruction for this module, relate the module goal to the learners’ job, emphasizing the importance and “need to know.”

Topic ~ Components of the Training Program

Materials

- PG1 Total Instructional Times by Program Area
- PG2-4 PI Track; CM Track; Dual Track
- PG5 In-Services for Child Welfare Pre-Service Training Timeframes
- PPT3 In-Services for Child Welfare Pre-Service Training Timeframes
- Program Specific Overviews (includes QPS Job Aids and Checklists)
- Chapter 39, Florida Statutes
- Florida Administrative Code F.A.C. (a.k.a. Rule)

Program Area Overviews

- Distribute the Overviews for the specific program areas in the class.
- Explain the purpose of the overviews and advise more detailed information is presented in Module 2.
- Present a summary of instructional materials, organization and focus, and adult learning principles used in the training.

Refer class to:

PG1, Total Instructional Times by Program Area
PG2-4, PI Track; CM Track and Dual Track

( PG pages inserted on the following pages TG2-5)
Module 1: Introduction to the Child Welfare Pre-Service Training
Dual Track – Child Welfare Pre-Service Training

Core 100 OR PG July 2013
Module 1: Introduction to the Child Welfare Pre-Service Training

Core 100 OR TG July 2013
Module 1: Introduction to Pre-Service Training
In-Services for Child Welfare Pre-Service Training Timeframes

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 136 – Independent Living .5 Training Day

Core 129 Placement Tasks 2 Hours

Pi 130 – Decision-Making .5 Training Day

Please note that there are also Phase II activities that must be completed by each program area during the Phase II period.
Display PPT 3 In-Services for Child Welfare Pre-Service

PG5, In-Services for Child Welfare Pre-Service Training Titles and Recommended Timeframes and review.

(PG 8 page inserted on the following page TG6)

- Review PG 8 Following successful completion of pre-service training, the additional in-service training courses and activities referenced on page “i” may be used to assist the certification candidate to prepare for applying to be certified.
- Review PPT3, In-Services Timeframes and discuss.
- Review the agency specific training schedule: classroom days, FSFN courses, and field activities.

Optional Field Activities - On the Job Training: Program specific Phase I and Phase II certification preparation Field Activities are provided for each program area (CPI, CM, Licensing, Adoptions). Phase I activities are completed during field shadowing conducted during Pre-Service Training. Phase II optional certification preparation activities may be completed after the Post-test of Pre-Service Training, while the certification candidates are working their training caseloads.

Please note that Investigative Response and Removal and Placement can be switched to accommodate PI cycles versus Dual Track cycles.
Topic ~ Florida Decision Making Methodology

Display PPT4

Materials

- PG9  Dutton McAdams Scenario – Florida’s Florida Family Centered Practice
- PG10 Core Tenets of Florida’s Practice Model
- PG 10A  Key Ways to Prevent Child Fatalities

- We will now be doing a brief overview of what is called the Florida Decision Making Methodology. For some this is also known as the “Transition”.
- This transition will be new to many present CPIs and case managers.

The core of the Florida Decision Making Methodology relies on a family centered practice and application of the knowledge and skills presented in this session.

Advise participants that the following is an overview or introduction of each of these models and they will be utilized and learned in detail throughout the curriculum

The Florida Decision making Methodology is applicable and expected for all workers—across the intervention continuum.

In order to provide context to the FSDMM overview, we will be using a very brief scenario of the Dutton McAdams Family. This scenario will be used in depth many times later in the training as we use learn the tools of the FSDMM.

Refer Participants to PG9 and have them read the brief scenario. *(PG page inserted on the following page TG9)*
Dutton McAdams Scenario
Mary McAdams- mother (25); Bill Dutton- father (28); Lindsey Dutton- child (3)
An anonymous call from a neighbor was received on 3-year-old Lindsey Dutton. Lindsey was
described to have a cut under her eye, a swollen lip and what appeared to be some bruises about
her neck. The caller described hearing a fight between the parents, and a child also screaming last
night. 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.

Demonstration of Respect and Courtesy
Engagement with family, demonstration of respect and courtesy demonstrate 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, family feels connected. Responding promptly is
closely related to respect and courtesy.

Constantly Seeking to Engage
Recognizing that without the family, practice cannot proceed and information and decision-
making will be insufficient. The family is our customer and as such, continually seeking to
engage the family in their process is critical.

Act and Respond with the Family as the Primary Source of Information
The family is whom we work with; therefore they should be the primary source of information.
This is recognizing that the family is the experts on their family. This is closely related to
demonstrating respect.

Provide Support and Encouragement
Child Welfare is intrusive, providing support and encouragement, reinforces empathy and
understanding by the caseworker.

Demonstrate Professionalism
Professionalism can mean many things; however in the lens of family centered practice, we are
exploring how we conduct our business, how we present to families and how we maintain our
professional objectivity. This relies on the ability to have compassion and empathy for the family.

Enable and Promote Participation and Involvement
Because families are whom we serve, their participation and involvement is critical. This is
closely related to engaging the family. Change cannot happen without involvement, nor can
sufficient decisions regarding safety.

Provide Necessary Information
The old saying of knowledge is power resonates with providing necessary information and keeping
families informed. Information as to the process, the outcomes, etc.
Introduction

Provide a brief review of the core tenets of Florida’s Family Centered Practice

- In later sessions we will be learning in detail about Family Centered Practice as well as demonstrating, applying, and analyzing the use of family centered practice model skills, in particular Safety Assessment Skills, Safety Planning and Identification of Family Needs, Safety Management.

- Using the information below, provide a brief overview of each area on the slide, providing the meaning of the practice behavior and relationship to FSDMM.

- Throughout the overview, occasionally ask critical thinking questions about how this would apply to the Dutton-Mc Adams scenario.

**Demonstration of Respect and Courtesy**

- Engagement with family, demonstration of respect and courtesy demonstrate 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, family feels connected. Responding promptly is closely related to respect and courtesy.

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- The family is whom we work with; therefore they should be the
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  - Child Welfare is intrusive, providing support and encouragement, reinforces empathy and understanding by the caseworker.

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  - Professionalism can mean many things, however in the lens of family centered practice, we are exploring how we conduct our business, how we present to families and how we maintain our professional objectivity. This relies on the ability to have compassion and empathy for the family.

- **Enable and Promote Participation and Involvement**
  - Because families are whom we serve, their participation and involvement is critical. This is closely related to engaging the family. Change cannot happen without their involvement, nor can sufficient decisions regarding safety.

- **Provide Necessary Information**
  - Providing necessary information and keeping families informed regarding the process, the outcomes etc. is vital to keeping them engaged. Information as to the process, the outcomes, etc

**Topic ~ Core Tenets of Florida’s Practice Model and Information Standards**

Display PPT 7, Core Tenets of Florida’s Practice Model

Display PPT 7- Know the Family- and point out how everything is based on this model.

Display PPT 8, Information Standards and discuss.

**Review PG 7-8**

Explain the Core Tenets and Information Standards in much the same way as Family Centered Practice.

- Ask participants to think about how answering these questions would assure Lindsey’s safety. Pause for volunteers to respond after each domain - allow critical thinking to take place, so accepting all answers and clarifying (not correcting) any that might be wrong
Core Tenets of Florida’s Practice Model

Protect the vulnerable, promote strong families, and advance family resiliency.

WHAT WE WILL ACCOMPLISH

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 its strengths, resources, and family solutions. Demonstrate respect for the family as they exist in their social network, community, and culture.

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 consistently, from the family and other team members, throughout the course of all interventions to update the six information standards*. Update information as underlying issues, including trauma, are identified and the family situation changes.

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.

Develop and implement short-term actions to supplement caregiver capacities to keep child 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.

Work with the child, family, and other team members to identify appropriate interventions and the 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.

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.
CORE TENETS OF FLORIDA’S PRACTICE MODEL

KEY WAYS TO PREVENT CHILD FATALITIES

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 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**

You must advocate for services for families, help families learn to advocate for themselves, and negotiate with service systems to obtain needed help. You 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.
Topic ~ Florida Decision Making Methodology
Intervention Model

Materials

♦ PG12 Florida's Safety Decision Making Methodology Intervention Model

♦ (PG page inserted on page TG11 and 10a)

The purpose of this section is to review the underlying concepts that comprise the Florida Safety Decision Making Methodology and to provide a visual overview of the process and outcomes associated with the FSDMM across the continuum of intervention.

This is a remediation or change model. The mission is to change, alter, enhance, and empower caregivers and therefore families. The essential objectives are to protect children (safety management) and support the enhancement of caregiver protective capacities (treatment/change). Controlling safety contributes to the process for assisting caregivers to change. The logical progression evident in this process contributes to remediation.

The comprehensive assessment process occurs throughout the life of a case. Tasks are all related and bound by common concepts, criteria and similar methods.

The process illustrates intervention that is fundamentally based on safety and safety related concepts: impending danger and caregiver protective capacities.

1. Hotline Assessment
   A report can be from any source including anonymous at any time (day or night). When made in good faith, represents an expression of concern from the community. Intake screens the reports for assignment and determines the response time for which a case must be contacted.

2. CPI
   A Family Functioning Assessment must result in a conclusion about whether a child is unsafe and in need of protection. For families that need protective supervision, the case manager assigned to the case completes the currently implemented Family Assessment. The determination of whether a child is unsafe is based on sufficient information about family, caregiver and child functioning. FFA information collections inform the safety decisions: indications of impending danger, vulnerable child, and insufficiency of caregiver protective capacities. When children are not safe, Family Functioning Assessment must work expeditiously to take steps to manage child safety by developing a safety plan. If an in-home or out of home safety plan is developed, the case will be opened and
will require full case management protective services.

3. Ongoing and Progress Evaluation
   Once the case is transferred for ongoing case management protective services, the Case Manager becomes and is responsible for safety management, case management, and immediately begins preparation for completing the ongoing FFA. The Case Manager will use information collected during the investigation Family Functioning Assessment related to impending danger and caregiver protective capacities to begin dialoging with caregivers regarding what must change which will be used to create the case plan.

   The ongoing FFA results in the development of a Case Plan, which includes goals for what must change, related to enhancing diminished caregiver protective capacities and the identification of treatment services to address what must change. The safety management and case plan are evaluated through the use of the Progress Evaluation.

   Service provision occurs through actions, activities, tasks, resources, interactions both informal and professional, which are intended to address impending danger by enhancing, diminished caregiver protective capacities. Service provision may be provided when children are out of the home or in the home.

4. Termination/Case Closure
   Decision and practice process associated with completing child protective services case management based on successful achievement of Case Plan outcomes and the decision that a child is safe: no impending danger and/or sufficient caregiver protective capacities.

   “Risk levels” or risk factors associated with the probability analysis of future maltreatment within a specified period of time are a relative constant within a family. Child safety related issues and associated diminished protective capacities are ever evolving and require continual monitoring and adjustment. Child safety related issues and associated diminished protective capacities are the basis for the child's removal to begin the ongoing intervention process. Determining reunification and case closure is centered on SAFETY management, not ‘risk’.

5. Review with learners the “Key Ways to Prevent Child Fatalities” handout. This document was designed to assist child welfare staff in applying the core tenets of Florida’s Practice Model.
Conduct a walk-through of the intervention model, referencing the PG as a guide for participants.

1. Hotline
   a. Evaluation of content of the referral and decision whether the report contains information indicating all criteria gates are met and a child is in present or impending danger.

2. CPI
   a. First encounter, determine if child is in present danger. Field judgment based strictly on what is observed as being in process the day of the initial contact.
   b. Collection of sufficient information about the family to make a determination of whether a child is or is not unsafe.
   c. Most formal and official identification of child safety determination. It achieves the purpose of the FFA, through identification of families that must be served through formal case management services due to children determined to be unsafe.

3. Ongoing
   a. Safety management occurs in association with case plans, service participation, and case management.
   b. Part of routine contact with the family and other involved parties concerned with parent/legal guardian or caregiver's participation in remedial services and sufficiency of safety plans.
   c. Basis for reunification decisions in that protective capacities are improved to the extent that child can be returned to home with an in-home safety plan.

4. Case Closure
   a. Reconciliation against the safety definition.
Solicit questions, comments, or concerns from the participants in regard to the logic model for Florida Safety Decision Making Methodology.

Ask participants if they are able to recognize the linear progression of information collection and decision-making.

Ask participants what key concepts/phrases do they identify within the logic model. Participant responses should include:
- Danger
- Caregiver Protective Capacities
- Safety
- Information Collection
- Family Functioning Assessment

Inform participants that the Family Functioning Assessment is:
- Central to the Florida Safety Decision Making Methodology
- The process by which information is gathered, analyzed, and assessed to determine child safety.
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

CPI Family Functioning Assessment: Problem Identification
- 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

Ongoing Family Functioning Assessment: Determine what must change
- Engage caregivers to facilitate change
- Discuss reason for case opening: Impending Danger
- Promote self determination and raise self awareness regarding impeding danger and caregiver protective capacities.
- Establish goals for change to be focus of the Individualize Service Plan: Enhancing Diminished Caregiver Protective Capacities
- Revise/Manage Safety

Safety Plan and Case Plan Evaluation: Measuring Progress for Change
- Engage caregivers and facilitate change;
- Promote personal choice; raise self awareness
- Focuses on progress related to GOALS for change: Enhancing Diminished Caregiver Protective Capacities
- Assess effectiveness of change oriented services to address GOALS.
- Safety Management:
  - Status of Impending Danger
  - Safety Planning Analysis
  - Least Intrusive Safety plan

Anticipated intervention Outcomes: Case Closure-
Child Safety, Permanency and Wellbeing
- The absence of impeding danger and routinely demonstrated Enhanced Caregiver Protective Capacities to assure that a child is protected from danger and caregivers can provide for the needs of their children.
Proceed to inform participants that we will be reviewing the purpose of the family functioning assessment in Module 2.

Transition to a discussion of how we know something we did was successful.

**Topic ~ Indicators of Success for the Florida Safety Decision Making Model**

Display PPT9

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**Materials**

- PG13 How Will I know when the Florida Safety Decision Making Methodology is successful?

**Background Knowledge/Experience**

*Prior to beginning instruction for this topic provide examples how you would know something you did was successful. Ask the learners to provide other examples they may have thought of knowing something they did was successful in their daily lives.*

*Relate FSDMM to the learners’ job, emphasizing the importance and “need to know.”*

- Ask the participants to think about how they would see or define successful use of the Florida Safety Decision Making Model.
- Refer the class to PG # Family Centered Practice, Core Tenets and Information Standards to provide ideas.
- Fill in PG13 with your thoughts and ideas

*(PG pages inserted on the following pages TG21)*

1. Identify a speaker within your group. The speaker will present the groups ideas.
2. Answer the question “How will I know when the FSDMM is successful?”
3. Use small group discussion to
   - 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.
   - Identify your role and impact on the outcomes you listed. What would your responsibilities include?
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.

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

   • What should your responsibilities include?
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
Topic ~ Co-Parenting

Materials

- PG14-27 QPI Video/Webinar on Co-Parenting Slide Show
- PG28 Co-Parenting Webinar (QPI) Discussion Questions
- PPT10 Co-Parenting
- PPT11 QPI video/webinar on Co-Parenting

Prior to beginning this section, the trainer may wish to print and copy the corresponding slide show for the webinar.

* (PG pages inserted on the following pages TG24-37)

Display PPT10, Family-Centered Practice Framework and discuss.

What are the various parenting arrangements that exist, not just in child welfare but in everyone life?

Sample Responses: Divorced &/or couples, non-married couples, same-sex couples

Display PPT11, QPI video/webinar on Co-Parenting

Introduce 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.
The trainer can either have participants watch the webinar individually at their computer or show the webinar for the whole class via projector.

Refer participants to Co-Parenting Webinar (QPI) Discussion Questions on PG28. (PG page inserted on the following page TG38)

Instruct them to consider the six questions as they watch the video and that you will review the questions with the class at the conclusion of the webinar.

Review each question.

Additional questions to ask for discussion:
How does co-parenting play a part in the development of children?
How would a co-parenting situation affect your work with a family?

Summarize key points made within webinar and class discussion:
- Co-parenting requires open communication among all involved.
- Co-parenting is collaborative and non-adversarial.
- Co-parenting is a way for foster parents and case managers to model positive behavior for biological parents.
- Successful co-parenting leads to more positive outcomes for the families.
Co-Parenting Webinar (QPI) Slide Show

Co-Parenting

QPI video/webinar on Co-Parenting (Link to Co-Parenting Webinar: http://centernvideo.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

Co-Parenting
An introduction on integration into a Family Centered Practice model
Bill Nenadal
Project Director
Gulf Coast Jewish Family & Community Services in partnership with Heartland for Children

Heartland
Community-Based Care: Housing, Highways, & Fish Ladders

JFCS
Gulf Coast Jewish Family & Community Services
My granddaughter
Alex in the NICU

Children live the positive reality in 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 adult 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 reuniFled?
    - 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
  - Denial
  - 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.
  • Willing to surrender 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

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

Case Managers
- Foster parents and birth parents can learn to work together to coordinate medical, school, emotional, and social appointments—giving the case manager the need to do this.
- Being possible that the naturalization that often occurs between birth parents and foster parents is eliminated or very rare.
- Clearing in which who is responsible for what. No guessing anymore—no missed appointments or situations due to confusion about who was supposed to do what.
- Parents who have parents and role models move better progress and have fewer setbacks.
- Foster parents who remain as mentors after reunification can help keep the foster child to foster for the family that the family will stay together.
- What are some possible good outcomes that you see for Case Managers?

There is a Father

Co-Parenting is not just about a Mom. Dad is a birth parent too.
- Foster parent are a powerful influencer on a child’s development, whether they are present or not.
- Kinship parent Kyle Prueitt tells the Village Child Protection Center describes this influence:

  Children whose parents are not in their daily lives start looking for their parents as soon as it becomes clear that they have gone and died. They have seen the orphaned parents.

  Children who don’t have their parents around the house. In a young child who has felt these same horrors, the absence of a parental presence can be traumatizing.

  Foster researchers have documented that fathers have a different relationship with their children than mothers do and have an important role in children’s socialization and ability to regulate emotions. Fathers send to play more actively than mothers, and help children work through physical and emotional challenges.

  If you have some special attention to bring a birth father into the picture, but it is important not to write off the possibilities. It is important for a man to feel like a father and a child without hesitation.

  It is important to remember that it may have been the birth mother, not the biological father that was the Father.

- But the birth father cannot be ignored. Finding a non "co-parent" for a young child is still important, whether it is a foster parent, older family member, or a government worker.
Ideas for Supporting Co-Parenting for Case Managers and Foster Parents

The term co-parenting, or cooperation or collaboration, means an equality that will probably not ring true to the birth parents. As we move into more cooperative roles with birth parents, it is important that we continue to honor their experience in the child welfare system as being very different from ours.

The birth parents should try to connect with the birth parents as soon as possible. Please...honest are so easy and non-threatening. There is no reason why we can't send a note or a picture or reassurance that someone is taking care of the child.

I encourage birth parents to remind them that they can work effectively with the child. Ask them to share that information with us so that we can do a better job of taking care of the child.

Understand the birth parents' anger as an expression of grief. If we maintain that perspective, it can often help us when we are moving in some other direction. In terms of our feelings toward the birth parents.

Listening is key. Our birth parents are part of the culture and society. They don't always get listened to.

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 child welfare, 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

- Display PPT12, Module 2 Objectives.

Background Knowledge/Experience

Prior to beginning instruction for this module, relate the module goal to the learners’ job, emphasizing the importance and “need to know.”

Topic ~ Program Area Responsibilities

Materials

- PG1-3 Program Specific Checklists and Quality Of Practice Standards Tools Job Aids
- PG4-5 Using the PI QPS Job Aid
- PG6-7 Using the CM QPS Job Aid
- Chapter 39, Florida Statutes

Program Specific Overviews

- Explain the organization of the Program Specific Overviews for PIs and Case Managers.
- Emphasize that each overview provides a summary of job tasks, and is a useful reference during field training to show how specific tasks fall within the case flow process.
- Overviews also include an appendix with the following resources:
  - Outcomes and Performance items for the Children and Family Services Review
  - Quality Practice Standards (QPS) Job Aids which include corresponding statute, administrative code, and best practice tasks to meet quality standards
  - Protective Investigations, Case Management, Adoption Checklists with job roles/tasks
- Ask learners to read their program area Overview before Legal I to
become familiar with their job responsibilities prior to instruction on legal requirements.

**Program Area Checklists and QPS Job Aids**

- Refer the class to the Overview Appendix to locate the Checklist and the QPS Job Aids.
- Use PG1-3, Program Specific Checklists and Quality of Practice Standards Job Aids, to explain the use of Checklists and the Quality of Practice Standards Job Aid.


(PG pages inserted on the following pages TG3-5)

- Review the section topics (Contacts, Documentation, etc.) for the Checklist(s) relevant to learners (PI, CM or Adoption).
- Review the Table of Content topics for the QPS Job Aid relevant to learners.
- Advise learners they will use the checklists and QPS Job Aid in various activities throughout the curricula.

**Using the QPS Job Aids**

**Directions**

- Refer learners to their specific job related QPS Activity – PG4-7.


(PG pages inserted on the following pages TG6-9)

- Allow learners to practice using the QPS Job Aid by completing the activity.

*Review activity answers using answer keys on TG pages 10-13.*
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 and documentation expectations.
- Conveys supervisor feedback for 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
- 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 cites 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 #6

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. (QPS #9) Placement of a child in an unlicensed out-of-home care setting or reunification must be preceded by:

Core 100_OR_PG_July 2013
Module 2: Overview of Program Area Responsibilities
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
Using the PI Quality of Practice Standards (QPS) Job Aid

Activity Answers

Directions

Use the QPS Job Aid to answer the following questions:

1. Background checks were completed on all household members and report subjects age 12 and older. **QPS #1**

2. You must document the date, time, and specific information discussed with CPT at the time of initial referral. **QPS #14**

3. Diligent attempts were made at least daily 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 unannounced. **QPS #3**

5. Assessment of child safety must include face-to-face interviews with the parents and other adults in the household. **QPS #5**

6. Relevant 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 high risk. **QPS #12**

8. CPT assessment findings and recommendations related to child safety 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**

- Physical appearance
- Developmental progress
- Behavioral indicators
- Interactions with others in household
- Physical and emotional state and relevant parent/child interactions

10. The incident date refers to the most recent date the specific alleged maltreatment occurred. **QPS #17**

11. What are the three different findings that you will use to address if maltreatment occurred? **QPS #18**

- Verified
- Not Substantiated
- No Indicators

12. If documentation reflects the need for immediate services and/or ongoing services, the file must contain evidence the services were engaged. **QPS #22**

13. The results determination documented in FSFN is the appropriate choice based on the information obtained during the investigation. **QPS #28**

14. You must complete the ICWA Eligibility Form 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 responsible relatives/non-relatives rather than licensed care. **QPS #31**

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

Activity Answers

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 once every three months.  QPS #1 and 2

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

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

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

5. An initial family assessment must be completed within fifteen working days following the Case Transfer Staffin.  QPS #5

6. The six month family assessment 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. (QPS #9) Placement of a child in an unlicensed out-of-home care setting or reunification must be preceded by:
   A. Local and state criminal records check
   B. FSFN search of all household members (abuse check)
   C. Home study

8. A multi-disciplinary staffing/assessment for placement planning must be conducted before each placement to ensure the placement or move was unavoidable.  QPS #12

9. You must conduct an exit interview 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 number, type and reasons for changes in placement.  QPS #19

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

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

13. For cases in which an out-of-state placement is made, a complete, Interstate Compact for the Placement of Children packet requesting a non-priority home study must be completed. QPS #38

14. TPR petition must be filed within 60 days of any child being in out-of-home care for 12 of the most recent 22 months. QPS #40

15. The frequency and quality 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. Informed consent was obtained for the use of psychotropic medications when necessary to address the child’s mental/behavioral health needs. QPS #67
Topic ~ Program Area Interaction

Provide a few examples of how each program area interacts with the other by citing pages in the Overview(s) or QPS relevant to learners.

When do you think the PI might first interact with the Case Manager during the case flow process?

- **PI Overview**, Pre-Commencement Activities, “Analyze the Intake,” page 18: for active services cases, PIs must notify the CM within 1 working day of receipt of the new intake.
- **PI_QPS #23**, “Communication between PI and Case Manager”
- to discuss additional emergency services (what services worked in the past vs. what did not work)
- during the case transfer staffing (Early Service Intervention)
  - **CM Overview**, “Case Transfer Staffing, page 19; or
  - **PI Overview**, “Case Transfer Staffing”, page 34
  - **PI_QPS #19-22**

**Trainer Resource/Example Suggestions:**

- **PI example**: Prior to commencement of an investigation on an open services cases, the case manager will be a primary contact for PI since the case manager has been working closely with the family and can provide PI with the most up-to-date information. The case manager may accompany the PI on the commencement of the investigation since the case manager has a rapport built with the family.

- **Case Manager example**: Prior to the initial contact with the family on services cases, the PI will be a contact source for case managers since the PI was the most recent child welfare professional to work with the family and may be able to expand on information contained in FSFN and Case Transfer Staffing documents.”
Topic ~ Family Functioning Assessment
Display PPT13

Materials
♦ PG8 Family Functioning Assessment
♦ PPT14 Family Functioning Assessment- Purpose
♦ PPT15 FFA vs. Incident Focused

Background Knowledge/Experience
Ask what do we know so far about the Family Functioning Assessment?
Accept any and all answers in order to reinforce participation.
Reinforce with information below, emphasize that full understanding will be gradual as the curriculum progresses.

- **Participants may think of the Family Functioning Assessment in a limiting way.**
  
  Example: The purpose of an investigation is to identify maltreatment, which is often associated only with did it happen and who did it; it is often limited to present danger.

- **Reinforce the concept of “non-negotiable.”** As CPIs and as Case Managers, we can’t walk away from situations where we have determined that a child is unsafe, even if during our work with the family, a family arrangement is determined to be effectively utilized. Yes, a family arrangement is keeping the child safe – temporarily.

  A family arrangement IS a condition of a safety plan and our ongoing services partners will manage safety plans.

- **Family arrangements are least intrusive measures to keep children safe WHILE the parents or legal guardians work on enhancing their protective capacities such than when sufficiently improved, would allow for the temporary family arrangement to be removed or modified and allow the family to manage child safety on their own.**
• **We can’t close a case simply because the family no longer wants to be involved with our system and may make a temporary arrangement to get them through a hurdle or to ‘get CPS out of our lives’ when we, the Department, have determined that a child is unsafe.**

• **That is why it is imperative that we gather sufficient information to determine whether, and why, a child is unsafe.**

Should court intervention be necessary, when we gather sufficient information that aligns with the FSDMM framework, we have the “evidence” necessary to pursue court intervention *should it be needed.*

Display **PPT14 The Family Functioning Assessment**

![Family Functioning Assessment (FFA)](image)

**The purpose of the family functioning assessment is to determine whether CPS protective intervention is required.**

- **Ask** participants about the use of the word *required.*
  
  What do they think about that word?
  
  What do they think it means for intervention to be “required?”

- **Provide** Narrative that reinforces that as CPIs and as Case Managers, we can’t walk away from situations where we have determined that a child is unsafe.

  **We can’t close a case as the family no longer wants to be involved with our system when we have determined that a child unsafe.**

- **Provide** the objective of the FFA to participants:
  
  - The objective of the FFA is to determine if what is happening in the family meets the definition for “safe” or “unsafe.”
  
  - To rule in or out families where children are unsafe.
  
  - Ultimately to determine families Department of Children and Families must serve through case management, not
• **Provide** contextual foundation for the Family Functioning Assessment:
  o Begin with the emphasis of the FFA being specialized with respect to purpose, authority, and the limits (focused primarily on safety) in what is done.
  o The Family Functioning Assessment design, structure, order of information presentation practice philosophy, practice concepts and criteria are intended to result in a common framework for safety assessment and decision-making to consistently identify child, parent/caregiver, and/or family needs which require protective supervision or community-based supports.

• **Engage** participants in a discussion regarding their concerns or suggestions.
  o **Ask:** How does this definition fit or differ with the way in which CA/N Investigations and Case Management Services currently occur or as they understand it?
  o **Reinstate** the definition of the family functioning assessment as being precise and focused, with the purpose of outcome of identifying unsafe children utilizing the same definitions and process to make that determination.

  *The Family Functioning Assessment is a process that is designed to assess the pervasiveness, or on-going “state of danger” that characterizes the household that the child is living in.*

• **Inform** participants that we will be taking a look at the focus of the FFA, as well as the timing of the FFA in relation to the Florida Safety Decision Making Methodology.
Family Functioning Assessment vs. Incident Focused Investigations

Display PPT15, FFA vs. Incident Focused Investigations

This slide represents the difference between current practice-incident driven and new practice of the family functioning assessment.

- Review slide with participants, reviewing each point on the slide.
- Allow for discussion and points of clarification as needed.

It is important to again emphasize that the Family Functioning Assessment is part of a comprehensive assessment process that results in a set of focused interventions to achieve the changes necessary to achieve child safety.

1. Investigations have historically been concerned primarily with verifying whether alleged maltreatment had occurred or is occurring.
   a. Case management services have historically been concerned with compliance of case plan tasks which were not tied to enhancing protective capacities. One could complete all tasks at 100% and still not achieve behavior change associated with enhanced protective capacities.
   b. Essentially the difference between the Family Functioning Assessment process and an incident focused system of intervention goes back to the difference between the purposes and objectives for the two. These two evaluations arrive at different results and conclusions.
   c. Fundamentally they are aimed at different targets and therefore the assessment focuses on different outcomes.

2. To effectively complete Family Functioning Assessments, it is crucial to move beyond the “evidence finding” maltreatment orientation that is illustrative of a legal—law enforcement model.

3. A legal—law enforcement child protective services model is focused on proving the occurrence of maltreatment while a family oriented—social/child safety intervention CPS model is concerned with understanding caregiver and family functioning and enhancing caregiver protective capacity.
4. Each CPI and Case Manager within the overall CPS system of care is a purveyor of the agency’s belief system. How a CPI or Case Manager perceives the purpose for the Family Functioning Assessment and his/her role within an intervention system contributes to results with families and the achievement of the agency desired outcomes.

Using the Dutton McAdams scenario, ask table groups to discuss any differences or outcomes they would notice between the FFA and the Incident Focused Investigation.

Provide 2 minutes for them to discuss and ask for volunteers to talk about what their group discussed.

Do this for 5 minutes in order to reinforce the topic.

Again advise that this is simply an introduction into a topic that will be utilized by both CPIs and Case managers throughout the case.
Module 3: Worker Safety

- Display PPT16, Module 3 Objective

Topic ~ Strategies and Techniques for Field and Office Safety

Materials
- PG1-2 Worker’s Safety Plan
- PG3-4 Assuring Personal Safety
- PG5-7 Strategies and Techniques for Field and Office Safety
- Recording of Interview with PI for Optional Activity

Background Knowledge/Experience
- Inquire about the learners’ experience regarding worker safety.

? Why do you think worker safety is so important to child protection workers?

? What are some safety factors that need to be considered when working in child protection?

- Child protection may place you in unsafe surroundings. This is due to the following:
  - High crime neighborhoods
  - May be visiting families at night
  - Child abuse can be a volatile subject
  - Race and other issues (a family may not trust and therefore be resistant or outright hostile to an unknown professional of a different race)
  - Your safety must be considered when dealing with all situations, particularly domestic violence, which increases the likelihood of violence.
  - When batterers perceive their control is threatened by interventions, they are likely to lash out.
  - When you consider safety risks entering a situation, you are better
Worker Safety Plan

*Learners will review a safety plan to help them focus on how to remain safe in the field and office environments.*

Directions

- Refer the class to **PG1-2** *(PG pages inserted on the following pages TG3-4)*, Worker’s Safety Plan, and present key points.
- Use examples from your own case experiences.
- Use agency procedures to provide training on safety issues specific to the local area(s).
- Refer the class to **PG3-4** *(PG pages inserted on the following pages TG5-6)*, Assuring Personal Safety and discuss.
- Refer the class to **PG5-7** *(PG pages inserted on the following pages TG7-9)*, Strategies and Techniques for Field and Office Safety and present key points.

*Trainer Resource/Example Suggestions:*

- **A worker safety plan would be necessary when a child welfare professional has information that a person has threatened other professionals in the past. The plan might include requesting law enforcement to accompany the worker on the visit, or having another worker accompany.**
- **A worker safety plan would be necessary if background checks (LE and/or DCF) show a history of violent behavior (i.e. domestic violence, battery, assault, etc.)**
Module 3: Worker Safety

Worker’s 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.

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 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:

- Mom is preparing to leave - i.e., shelter, injunction, separation, or divorce.
- Children are going to be removed - before, during, or after a hearing.
- Batterer has just been released from jail or is facing serious criminal charges or possible incarceration.
- Allegations have been made directly about him regarding child maltreatment or domestic violence (or both).
- He is asking for information about the family's location if there has been a separation.
- 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 that his anger is misplaced and you are there to help. End the visit.
- When you are aware of escalation in his anger, always notify the adult victim of the risk to her 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.
- Recognize a person’s body language that might indicate that 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, to the yard, to the porch.
  - 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 be 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:
  - Advise the dog owners of your visit, and ask them to tie up any dogs.
  - Make your entrance in a vehicle (this is the way most dogs see their owners and friends arrive).
  - 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:
  - Rattle the gate or make a noise calling or whistling the dog, etc.
  - If the dog comes, greet him as a long lost friend, and if he responds to you and you are confident, enter the property.
  - The gate should be closed, but not latched until it is known where the dog is and whether it is friendly or not.
  - 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, perhaps 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 about, 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 well back; if there is a dog 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.
- When leaving the property, be careful; this is when most attacks occur, preferably back off and put 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
- You should 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. Such a 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 diffuse 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.
Activity

Optional Activity (Highly Recommended)

Purpose of the Activity
This activity involves an actual CPI experience which reinforces the strategies and techniques presented in PG 1-7. For this activity the trainer will need a copy of the recorded interview with the CPI (provided on separate disc). The activity can be used to summarize and close the module by providing learners an opportunity to review concepts previously covered.

Introduce Activity
The learners will hear a recording of an interview with a CPI who was held at gunpoint by a father in a domestic violence case. While this is an extreme and rare situation, it provides the opportunity to hear how strategies and techniques were effectively implemented to keep the CPI safe.

Trainer Note: While playing the recording, pay attention to learners’ reactions. During the discussion, the trainer may wish to elicit comments from those that responded strongly to hearing the CPI talk about her ordeal.

Ask

? What is your initial reaction after hearing this interview?
? What did the PI do to keep herself safe?
? Is there anything the PI could have done differently?
? What can you take from this to apply to your job?

Summarize key points of discussion and emphasize that established safety protocols are there for a reason, to keep the worker safe, and should be followed at all times.
Topic ~ Vicarious Trauma and Resilience/Well-Being

Materials

- PG8  Activity - Recognizing Your Resilience
- PG9-10  Child Welfare Professionals' Exposure to Trauma
- PG11-12  Activity – How Resilient Are You?

Transition:

- Physical safety is not the only area in which workers may need to ensure they are protected. A worker’s own personal well-being can have a tremendous impact on their work.
- During this section, we are going to explore how the exposure to the trauma in the lives of the families with whom we work affects us.
- We will talk about strategies we can use to help enhance our own well-being and resilience.

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

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.” *(Rachel Remen, Kitchen Table Wisdom)

?  Ask (write responses on flip chart):

How would you define Vicarious Trauma?

Examples:

- Negative changes that happen to child welfare professionals over time as they witness other people’s suffering and need, other people’s trauma.
- The internalized stress resulting from helping or wanting to help a traumatized or suffering person
- The cumulative transformative effect of working with survivors of traumatic life events or perpetrators of that trauma, as part of everyday work
- Sometimes referred to as Secondary Trauma
• Bearing witness to another's trauma

What are some examples of trauma experienced by the families that you will probably encounter as a child protection professional?
Examples:
• Child physical and emotional injuries resulting from sexual, physical, and emotional abuse
• The death of a child or adult on the worker's caseload
• Investigating a vicious abuse or neglect report
• Frequent/chronic exposure to emotional and detailed accounts by children of traumatic events
• Photographic images of horrific injury or scenes of a recent serious injury or death
• Helping support grieving family members following a child abuse death, including siblings of a deceased child

What are some examples of the effects these encounters may have on child protection professionals working with these families in these situations?
Examples:
• Difficulty managing emotions to emotional exhaustion (anger, sadness, fear, shame)
• Difficulty accepting or feeling okay about yourself
• Poor concentration that can result in difficulty making good decisions and second guessing oneself
• Problems managing the boundaries between yourself and others (taking on too much responsibility, having difficulty leaving work at the end of the day, trying to step in and control other's lives)
• Problems in relationships
• Physical problems to increased absenteeism (aches & pains, illnesses, accidents)
• Difficulty feeling connected to what's going on around and within you to significant detachment
• Loss of meaning and hope
• Intrusive thoughts (horrendous cases of abuse, like child deaths or serious injuries)
• Nightmares and difficulty sleeping
• Chronic fatigue
• Physical illness
• Spiritual conflict
• Impaired judgment
• Low motivation
• Lower productivity and poor quality of work
What are some job-related factors that may contribute to vicarious trauma in a child protection professional?

Examples:
- Repeated exposure to violence and the results of that violence
- Insufficient recovery time
- High expectations & liability
- Excessive workload or paperwork
- Responses and reactions of families
- Inadequate agency support
- Being placed in situations with conflicting roles, expectations, or values
- Inadequate resources to meet demands
- Being forced to assume personal liability for job-related decisions and actions
- Too many interruptions during critical or demanding tasks
- Physical risks or concerns about personal safety
- Little job recognition
- Shift work and sleep deprivation
- Concerns about the continued funding and adequacy of resources for agency
- Concerns about being publicly scapegoated for a tragic outcome when there may not have the means or authority to intervene effectively

What are some personal factors that may contribute to vicarious trauma in a child protection professional?

Examples:
- Unresolved personal trauma
- Personality and coping style
- Current life circumstances
- Social support
- Spiritual resources
- Work style

How would you define resilience?

Examples:
- Dealing with change or loss as an inevitable part of life
- Having the capacity to rebound from adversity strengthened and more resourceful
- Process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress
• Bouncing Back

_Tie these definitions to those of participants._
Ask (write responses on flip chart):

**What are some characteristics of resiliency?**
Examples:
- Hopefulness
- Personal awareness
- Having a clear purpose
- Having strong social connections
- Optimism
- Self-care
- Flexibility
- Ability to express feelings
- Self–confidence
- Being able to ask for help
- Ability to accept change
- Having strong problem-solving skills
- Desire to survive

The ability to support others’ resiliency is impacted by our own capacity for resiliency.

Ask (write responses on flip chart):

**What are some examples of how our personal resiliency can have an impact on the families we serve and our co-workers?**
Examples:
- Families are able to receive the help they need
- Families and co-workers are able to count on you
- Your co-workers/colleagues may learn strategies by observing you that will help them with resilience
- Helps to reduce stress for people and environment around you
- Others will find their own inner strength by vicariously experiencing your success at resilience
Activity - Recognizing Your Resilience

Introduce Activity
We are going to hold a brief discussion about coping styles and then explore our own personal and professional triumphs in resiliency. We all have personal strengths and skills that we have learned over time and use to navigate difficult situations in our lives...our bag of tricks.

Trainers should be prepared with own personal examples of resiliency to share.

Trainer Resources/Examples Suggestions for the Activity Vicarious

Trauma and Resilience/Well-Being on PG8: ✮ (PG page inserted on the following page TG17)

- I stayed positive when my agency was being portrayed negatively in the media due to a high-profile case.
- I stayed focused when I had an important project to complete within a deadline but also had multiple distractions at work and home.
- I stayed flexible when I was asked by superiors to accommodate last minute changes, after plans had already been set.
- I stayed organized when I had to help out in another area and did not have an office or access to my regular resources.
- I stayed proactive when I anticipated a problem (example, investigation going into backlog) and developed a plan to address it.

Purpose of Activity

- To identify coping styles that contribute to a person's capacity for resilience and coping styles that are a barrier to a person’s capacity for resilience.
- To explore our own coping styles that help us to be resilient and that get in the way of our resilience.

Ask:

Why do some people seem extremely resilient, while others seem very vulnerable?

Sample Responses:

- Different attitudes
- Different problem solving skills
- Different coping styles and strategies
- Personal life circumstances which may make us more vulnerable at some points in our lives and more resilient at other points
• Personal life experiences

Refer participants to Recognizing Your Resilience

Instruct participants to take a few moments to recall a challenging time(s) in their life (professionally or personally) and complete the statements on the handout by identifying strategies they used to successfully achieve the characteristics in each of the statements.

Allow 10 minutes for this activity

? Ask for volunteers to share in 2-3 sentences, when faced with a challenging time, the strategies they used and how the use of those strategies contributed to their personal resilience.

Summarize:
• If we think back on our professional and personal lives, we realize that we have had experiences in meeting crises with resilience.
• Let us further explore the impact of vicarious trauma and our own resiliency.

Refer participants to Child Welfare Professionals’ Exposure to Trauma

Instruct them to read the information.

Allow 10 minutes to read handout.

Ask:

Which types of worker trauma (direct or indirect) do you feel will impact you the most?

What kind of self-care actions do you take?

Summarize key points made by participants, along with those in handout that were not addressed in discussion.
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 in which you were able to demonstrate each of the characteristics below and describe that time.

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, and to which workers have 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
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<tr>
<th>Mild</th>
<th>Trauma Continuum</th>
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<td>•</td>
<td>Providing services in a contained office environment for a set period of time.</td>
<td>• Providing home-based services.</td>
</tr>
<tr>
<td>•</td>
<td>Affected by the stories they hear.</td>
<td>• Spending many hours in the client's home and witnessing traumatizing conditions and events on a continual basis.</td>
</tr>
<tr>
<td>•</td>
<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>• Exposed to on-going trauma events directly related to clients.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Working with the client in the office and in the client's home.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Perceive themselves as having a degree of responsibility for determining conditions under which the trauma events may occur.</td>
</tr>
</tbody>
</table>

**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
- 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—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 irritability.
- Ask: "How did you feel about that?" "How did it affect you?"
Activity - Resilience Assessment

Introduce Activity

- We’re going to continue with a resilience assessment that will help you to identify your strengths and challenges with regard to your personal resilience
- Please be completely honest. No one else is going to see this assessment. An honest assessment of strengths and needs will help you know on which areas you need to work to build your resiliency.
- This process is parallel to the work you will do with families, working with them to identify their strengths and needs.

The purpose of this activity is to provide an opportunity for participants to identify their strengths and needs in the area of resilience.

Directions for Activity

- Refer participants to PG11-12 How Resilient Are You?

(PG pages inserted on the following pages TG21-22)

- Inform participants that each of these statements is a characteristic of resilience. 4 or 5 on a characteristic is a good indication of a strong resilient trait. 1, 2 or 3 indicates an area of need
- Allow the participants 10-15 minutes to complete the assessment.

Select a few of the characteristics and lead discussion and elicit answers:

How does solving problems logically make you more resilient?
Example:
When a crisis emerges, solving problems logically means thinking through a situation in a calm and rationale way and envisioning possible successful solutions that will lead to a safe outcome. This also decreases the chance that you will miss important details or opportunities available.

How does curiosity make you more resilient?
Example response:
Having curiosity means that a person is open to many possibilities and can think outside the box.

How does being able to tolerate ambiguity and uncertainty in situations make you more resilient?
Example response:
Having a tolerance for ambiguity and uncertainty means that a person can be comfortable with not having all the answers, better able to deal with risk and uncertainty, and better able to tap into their own creative ideas to solve complex problems with confidence. Can think in negative ways to reach positive outcomes. "What could go wrong, so it can be avoided?"
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
Some steps to building your own resiliency

1. **Become Aware of Acute Stress and Toxic Situations**
   As professional helpers we tend to internalize the sadness, anxiety, and negativity that we encounter in our jobs and may even feel this is expected of us. We begin to learn that no matter how prepared we are, we are not immune to the psychological and emotional dangers that come from working every day around the tragedies of others. The stress from vicarious trauma accumulates slowly over time and we don’t realize the erosion of our buffer zone between our personal lives and work. This psychological stress puts us at risk of:
   - contracting an illness because your immune system is being depleted,
   - developing a mood disorder such as depression or severe anxiety,
   - developing a serious disease such as high blood pressure and heart disease.
   The sustained experience of acute stress and dealing with toxic situations can produce physical changes over time with the damage occurring quietly over time, which can become irreversible (e.g. shingles after age 50).

2. **Create a Self-Care, Personal Renewal Program**
   Make time to do things that are sources of renewal for you. It is essential to develop a self-care protocol that becomes part of your life that you follow as a necessary source of personal renewal. Developing and following a self-care protocol that fits your needs prevents disaster for both your personal and professional life.
   
   Here are some examples of practices you can include in a personal renewal program
   - Quiet walks by yourself
   - Time and space for meditation
   - Spiritual and recreational reading—including the biographies of others whom you admire
   - Some light exercise
   - Opportunities to laugh offered by movies, cheerful friends, a regular card game
   - A hobby such as gardening or knitting
   - Phone calls to family and friends who inspire and tease you
   - Involvement in projects that renew you
   - Listening to music you enjoy
3. **Surround Yourself with Friends**
   Surrounding yourself with a balanced circle of friends can go a long way in protecting you from the erosion of stress. Here are some examples of friends that make up a balanced circle:
   - People who stretch us and challenge us to go to the uncomfortable places that we may have been avoiding, but where we can find relief.
   - People who help us uncover the internal voices that make us hesitant, anxious, fearful, and willful.
   - People who offer us “unabashed, enthusiastic, unconditional acceptance.”
   - People who make us laugh at ourselves through gentle teasing and help us rip up our unrealistic expectations in a way that allows us to regain and maintain perspective.

4. **Recognize and Concentrate On Signature Strengths**
   It is important to recognize your strong personal attributes and the activities that nurture those strengths. Becoming more aware of and concentrating on activities that bring you the most happiness helps strengthen your resiliency.

5. **Examine Oneself and Accept Shortcomings**
   Self-Awareness and Self-knowledge leads to personal discipline and self-management. However, this requires that you know how to process your emotions before your emotions become overwhelming and unmanageable.

   Recognizing and accepting your own weaknesses, faults, and limitations is the beginning of self-awareness. This leads your to learning to respect yourself as well as recognizing there is always more you can learn about yourself and our daily interactions with others. This self-awareness helps you to face your own fears and anxieties as a part of the learning experience.

6. **Practice Mindfulness and Meditation**
   Taking a few moments each day to observe your thoughts in a non-judgmental way and breathing deeply helps you to disengage from the mind. Meditation of any kind will allow you this opportunity.

**Summarize**
Today we have explored:
- What vicarious trauma is and that child protection professionals are at a high risk for experiencing vicarious trauma.
- The job-related and personal factors that make us more vulnerable
to vicarious trauma.

- The impact of vicarious trauma on child protection professionals.
- What resilience is, what strategies we already use now to help us be resilient, and what we can do to build our own capacity for resiliency.


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

- Display PPT17, Module 4 Objective.

Background Knowledge/Experience

Prior to beginning instruction for this module, relate the module goal to the learners’ job, emphasizing the importance and “need to know.” Certification must be granted by a third party credentialing entity approved by the Department. As referenced earlier, the Florida Certification Board is the current approved third party credentialing entity.

Topic ~ Requirements for Certification

Materials

- PG 1-2 Child Welfare Certification Program Requirements, Timelines and Fees
- PG 3-4 Draft Certification Program Standards: Employer-Sponsored Applicant
Directions

Refer to PG 1-2, Child Welfare Certification Program Requirements, Timelines and Fees (PG pages inserted on the following pages in TG3-4) and discuss:

- Certification Applicant Registration
- Education and Training Requirements
- Competency Examination
- Provisional Certification
- Supervision and Experience Requirements
- Full Certification
- Maintain and Renew Credential
- Flow Chart to Review/Reinforce Process

Refer to PG3-4, Draft Certification Program Standards: Employer-Sponsored Applicant (PG pages inserted on the following pages TG5-6) and review:

- Degree Requirements
- Training Requirements
- Examination
- Experience
- Supervision
- Continuing Education
- Renewal
# Module 4: Child Welfare Certification Process and Requirements

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

| Program Requirement                                           | Timeline/Fee                                                                 | All Child Welfare Certifications                                                                                                                                                                                                 |
|=================================================================|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 Forms  
- Registration provides the FCB with the applicant's demographic information, a brief 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 DSS approved core competencies.  
- DSS must approve each employee'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 Forms 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. |

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<table>
<thead>
<tr>
<th>Requirement</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete supervision and experience</td>
<td>Maximum of 12 months from the date of passing the written competency exams.</td>
</tr>
<tr>
<td>requirements</td>
<td>No fee</td>
</tr>
<tr>
<td>Apply for full certification</td>
<td>Credential awarded upon receipt of documentation verifying completion of experience and supervision requirements. No fee.</td>
</tr>
<tr>
<td>Hold full certification</td>
<td>Credentials are valid for two years from date of award. No fee.</td>
</tr>
<tr>
<td>Maintain and renew credential</td>
<td>Two years from date of award $300 renewal fee.</td>
</tr>
<tr>
<td></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 access a broad range of CEUs from a wide range of approved CEU providers. See Child Welfare Certification Program: Renewal and Continuous Education.</td>
</tr>
</tbody>
</table>

Effective date: 3-5-2012
Child Welfare Certification Program

Certification Program Standards: Employer-Sponsored Applicant
DRAFT for FCB Child Welfare Advisory Board Approval

Degree
- Minimum of a Bachelor's Degree from an Accredited College or University.
  - Protective Investigator: Bachelor’s Degree, field not specified.
  - Case Management/Licensing: Bachelor’s Degree in a related field.

Training Requirements
Two options to demonstrate compliance with training requirements. Each option requires employer verification and submission of an FCB Training Verification form on behalf of the certification applicant.

Option 1: Submit employer documentation verifying completion of an employer sponsored training program that meets the core competencies. Employers are responsible for (1) assuring that adequate training was completed and (2) maintaining documentation of completed training.

Option 2: Submit employer documentation verifying completion of (1) pre-employment training or (2) a combination of pre-employment training and employer training that meets the core competencies. Employers are responsible for (1) assuring that adequate training was completed and (2) maintaining documentation of completed training.

Written Exam
Multiple choice exam of core competency. Exams are scheduled and administered at the FCB approved employer testing site after the employer has verified training requirements. Provisional Certification is awarded after the exam is passed.

Experience
Document a minimum of 1,040 hours of experience in a child welfare direct services position (approximately 6 months of full-time employment). Employer-sponsored applicants may include time spent in pre-service training, mentoring, and professional development activities in the calculation of on-the-job experience hours.

Supervision
Document a minimum of direct supervision as follows. Supervision can be provided by the employer’s immediate supervisor, other agency supervisors, trainers, mentors, quality assurance staff, and other agency management or leadership staff assigned to provide supervision to employees seeking certification.

<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 an applicant interacting with children and/or families on 6 separate occasions. A minimum 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 fingerprinted persons.</td>
</tr>
</tbody>
</table>

Continuing Education
- Document a minimum of 20 hours each 24 months the credential is held. Total of 40 hours of Continuing Education is due by bi-annual renewal.

Renewal
- Renewal is every 2 years. Renewal fee is $250.
Child Welfare Certification Program

Certification Program Standards: Employer-Sponsored Applicant

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Module 4: Child Welfare Certification Process and Requirements

- Complete provider training requirements.
- Complete required certification application (CWA).
- Complete CWA exam.
- Complete background check.
- Complete annual criminal history search.
- Complete annual education requirements.
- Complete annual re-certification.

The application includes demographic information, formal education, history of foster care, criminal background check, and professional and reference. This form must be submitted and executed with the FCB before Provisional Certification will be awarded.

The examinee is responsible for determining, providing, and documenting completion of training requirements. Provisional certification requires documentation of training requirements in the Provisional Certification Application.

Employment and administrative personnel are required to ensure that training requirements have been met.

The provisional certification application includes examinee certification of completion of training and exam requirements and understanding of the scope of the provisional position. Upon receipt of the application, the FCB verifies the exam scores and awards provisional certification.

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

Supervision standards are based on sound and practical recommendations.

Complete minimum experience requirements.

The CWA certification application includes examinee certification of completion of supervision and experience requirements and applicant's understanding of the scope of the full residential and maintenance staff position. Upon receipt of the application, the FCB verifies documentation and awards full certification.
SkillNET

Discuss the following information regarding SkillNET:

- SkillNET is currently the official tracking system used to document training.
- SkillNET is used to administer the pre-test and post-test.
- The same user code and password is used to track all training and certification information.
- Skillnet can be accessed at http://skillnet.dcf.state.fl.us/.

Resources for Child Welfare Workers

Florida’s Center for the Advancement of Child Welfare Practice

- The Center was established as a support to workers and is funded by the Department of Children and Families.
- Via a web portal, the Center:
  - facilitates the distribution of relevant, accurate and consistent information related to child safety and other important issues regarding child welfare.
  - allows authorized users to explore and utilize child welfare resources on the site.
  - includes information on in-services and conferences related to the field and.
  - links to Florida Statute, Administrative Code, and Best Practice for child welfare.
- Provide the class with the following web site address as well as the user name and password:
  
  http://centerforchildwelfare.fmhi.usf.edu/

  User Name: Your Business Email Address
  (myname@myagency.com)
  Password: children (all lower case)
- If time permits following the FSFN computer instruction, allow learners to access the web site to become familiar with the types of resources available.