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Activity

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• Materials

Webpage

Video
Core Course Description

Orientation is an introduction to the Child Welfare Pre-Service Training. It provides an overview of the program area responsibilities and addresses worker safety.

Orientation also provides an overview of the certification process for child protection professionals and an introduction to the Statewide Automated Child Welfare Information System (Florida Safe Families Network).

Course Time

Orientation is designed to be taught in six hours or one training day. A training day consists of six hours of instruction in the classroom or FSFN computer instruction, a one hour lunch break, and two 15 minute breaks. This course is three hours of classroom training and three hours of computer instruction, introducing learners to the Florida Safe Families Network (FSFN).

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 - 125.

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 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 126-128 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
- philosophy of child protective services
- child protection case flow process
- quality practice standards
- Florida’s “Family-Centered Practice Model”
- program-specific job responsibilities
• worker safety
• Department of Children and Families Certification Process for child protection workers
• SACWIS - Florida’s automated system of record: Florida Safe Families Network (FSFN)

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.
• 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.

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.
• K13. Knowledge of family-centered practice.

**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 components of the Child Welfare Pre-Service Training.
- Understand the philosophy of child protective services.
- Recognize the child protection case flow process as it relates to the court system.
- Describe Florida’s “Family-Centered Practice Model” for child protection and child welfare services.
- Describe the Concept of Co-Parenting in the reunification process

Module 2: Overview of Program Area Responsibilities

- Summarize the major job responsibilities of your program area.
- Identify how your job tasks interact with the case flow process and other ongoing agency services.

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

Participant 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
- **PG6-7** Child Protective Services
- **PG8** Case Flow Process
- **PG9-15** Florida’s Family-Centered Practice Model
- **PG-16-30** 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

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 Protective Investigations Track
♦ PPT4 Case Management Track
♦ PPT5 Dual Track
♦ PPT6 In-Services for Child Welfare Pre-Service Training Timeframes
♦ PPT7-8 Co-Parenting
♦ PPT9 Module 2 Objectives
♦ PPT10 Module 3 Objectives
♦ PPT11 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  Protective Investigations Track
- PPT4  Case Management Track
- PPT5  Dual Track (PI and CM)
- PPT6  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
*PG5, In-Services for Child Welfare Pre-Service Training Titles and Recommended Timeframes and review.

(PG pages inserted on the following pages TG3-7)
Module 1: Introduction to the Child Welfare Pre-Service Training

Total Instructional Time by Program Area
Module 1: Introduction to Pre-Service Training

Protective Investigations Track

Core 100 OR_TG_July 2012

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

PI Track
Child Welfare Pre-service Training

Pretest .5 day

“Orientation” Core 100 Classroom 5 day

“Family Preservation” Core 105 Classroom 5 day

Assessment Core 112 Classroom 1.5 days

“Maltreatment” Core 107 Classroom 4 days

“Stablings” Core 114 On-Line 3 day

“Family Planning” Core 106 5 day

“Safety Planning” Core 106 On-Line 3 day

“Effects of Abuse/Neglect on Child Development” Core 113 On-Line 3 day

“Rehabilitation” Core 108 Classroom 3 days

“Removal & Placement” Core 118 Classroom 2.5 days

“Removal & Placement” Core 119 FSFN 1 day

“Introduction to Interviewing” Core 115 Classroom 3 days

“Investigative Response” PI 116 Classroom 3 days

“Legal” Core 103 Classroom 1 day

“Legal” Core 104 On-Line .3 day

“Court Preparation & Participation” Core 104 On-Line .3 day

“Legal” Core 105 Classroom 1 day

“Legal” Core 106 On-Line .3 day

“Human Trafficking” Core 111 On-Line 3 day

Module 1: Introduction to Pre-Service Training
Module 1: Introduction to Pre-Service Training

Core 100_OR_PG_July 2012

Dual Track Child Welfare Pre-service Training

Pretest 5 day

"Orientation" Core 100 Classroom 5 day

"Orientation" Core 101 ESPN 5 day

"Child Welfare Standards, Values & Practice" Core 102 Online 3 day

"Legal" Core 103 Classroom 1 day

"Court Preparation & Participation" Core 104 Online 3 day

"Legal" Core 105 Classroom 1 day

"Family Preservation" Core 106 Classroom 5 day

"Malpractice" Core 107 Classroom 4 days

"Safety Planning" Core 108 5 day

"Effects of Abuse/Neglect on Child Development" Core 109 Online 3 day

"Malpractice" Core 110 ESPN 1 day

"Human Trafficking" Core 111 Online 3 day

Assessment Core 112 Classroom 1 5 days

Assessment Core 113 ESPN 5 day

"Staffing" Core 114 Online 3 day

"Introduction to Interviewing" Core 115 Classroom 3 days

"Investigative Response" PI 116 Classroom 3 days

"Investigative Response" PI 117 ESPN 4 days

"Removal & Placement" Core 118 Classroom 2 5 days

"Removal & Placement" Core 119 ESPN 1 day

"Case Planning" CM 120 Classroom 3 days

"Case Planning" CM 121 ESPN 2 days

"Ongoing Assessment/Permanency" CM 122 Classroom 2 days

"Ongoing Assessment/Permanency" CM 123 ESPN 2 5 days

"Adoptions" CM 124 Classroom 5 day

"Adoptions" CM 126 ESPN 5 day

Post Test 3 day
Module 1: Introduction to Pre-Service Training

In-Services for Child Welfare Pre-Service Training

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

- CM 126 – Independent Living 5 Training Day
- Core 127 Placement Tasks 2 Hours
- PI 128 – Decision-Making 5 Training Day

Completion of post test

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

Please note that there are also Phase II activities that must be completed by each program area during the Phase II period.
Display PPT3-5, PI, CM and Dual Tracks. 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 PPT6, 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 ~ Philosophy of Child Protective Services

Materials
- PG6-7  Child Protective Services

Present the following information as an introduction to child protective services. Advise the class that much of the information covered in the pre-service training focuses on these basic concepts.

*PG pages inserted on the following pages TG9-10*

The basis for child protection is a concern for the care of children, and is expressed through federal and state laws. These laws do not specify all that must be done to help children and families, but provide a framework within what action can be taken.
Child Protective Services

The basic philosophical tenets of child protection services include:

- A safe and permanent home and family is the best place for children to grow up.
  - Children have a right to adequate care and supervision and to be free from maltreatment.
  - It is the parents’ responsibility to ensure that all of their children’s needs are met.
  - Child protective services must only intervene when parents ask for assistance or fail, by their acts or omissions, to meet their children’s needs and keep them safe.
  - Most parents want to be good parents and, when adequately supported, have the strength and capacity to care for their children and keep them safe.

- The focus of child protection services must be on building family strengths and providing parents with needed assistance to keep children safe and families together.

- Families who need assistance are diverse in terms of structure, culture, race, religion, economic status, beliefs, values and lifestyles.
  - You must be responsive to and respectful of these differences.
  - Strengths and protective factors within families and communities must be built upon.
  - Accessing services for families often means helping families overcome barriers rooted in poverty or discrimination.

- CPS agencies are held accountable for achieving outcomes of child safety, permanence, and family well-being.
  - Families must be engaged in identifying and achieving family-level outcomes that reduce the risk of further maltreatment and ameliorate the effects of maltreatment that has occurred.

- CPS efforts are most likely to succeed when clients are involved and actively participate in the process.
  - You must work in ways that encourage children and families to fully participate in assessment, case planning, and other critical decisions in the intervention process.

- When parents cannot or will not fulfill their responsibilities to protect their children, CPS has the right and obligation to intervene directly on the children’s behalf.
  - Laws and best practice maintain that interventions must be designed to help parents protect their children and must be as unobtrusive as possible.
  - You must make reasonable efforts to develop safety plans to keep children with their families when possible; however, court intervention and placement is a must when children cannot be kept safely in their own homes.

- When children are removed from their homes to ensure their safety, a permanency plan must be developed as soon as possible.
  - In most cases, the preferred permanency plan is to reunify children with their families.
  - The plan must include frequent visitation between children and their families as well as other efforts to sustain the parent-child relationship.
- Immediate efforts must be made to assist the family in changing the behaviors and conditions that led to the maltreatment and necessitated child removal.
- To best protect a child’s overall well-being, agencies want to assure that children move to permanency as quickly as possible.
- Along with the development of plans to support reunification, alternative plans for permanence must be developed as a child enters the system.
- As soon as it is determined that a child cannot be safely reunited with his or her family, an alternative permanency plan must be put in place.
Topic ~ Case Flow Process and the Courts

**Materials**

PG8 Case Flow Process

**Directions**

- Provide an overview of PG8, Case Flow Process flow chart *(PG page inserted on the following page TG12).*
- Do not provide details of the specific court hearings, as Legal I and Removal and Placement provide detailed information.
Case Flow Process

Module 1: Introduction to Pre-Service Training
Topic ~ Florida’s Family-Centered Practice Model

Materials
♦ PG 9-14  Florida’s Family-Centered Practice Model
♦ PG 15  Comparison of Traditional and Family-Centered Child Welfare Practices
♦ Core Practice Functions-Wall Display
♦ Chapter 39, Florida Statutes Core Practice Functions for Family-Centered Practice

Trainer Preparation
• Prepare/hang a large wall poster of **PG12**, Core Practice Functions.

*(PG page inserted on the following page TG14)*
Core Practice Functions for Family-Centered Practice

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.
Background Knowledge/Experience

? How would you describe the term “family-centered”?

? How can your work as an Investigator or a Case Manager reflect a family-centered approach?

Family-Centered Practice

- Refer the class to PG9-14 as a resource. (PG pages inserted on the following pages TG16-21)
- Summarize the basis of Florida’s Family-Centered Practice Model by explaining the:
  - emphasis on family strengths and needs
  - value of community resources and supports
  - importance of cultural competence
  - value of formal and informal services and resources (cite examples of formal and informal services and resources)

Guiding Principles

- Summarize the “Guiding Principles” on PG10 (PG pages inserted on the following pages TG17).
Florida’s Family-Centered Practice Model

Chapter 38, s.38.001, F.S., provides authority and rationale for implementing family-centered practice.

Focusing on Family Strengths, Needs, and Community Resources

Family-centered practice is a way of working with families across service systems to enhance their capacity to care for and protect their children. It focuses on the needs and welfare of children within the context of their families and communities.

- Family-centered practice recognizes the strengths of family relationships and builds on these strengths to achieve optimal outcomes.
- The focus is on the family as a whole, not just the individual child, and the family is seen in the context of their own culture, networks and community. Families are seen as partners in the change process, helping to define problems and identifying solutions through the strengths in their own stories.
- Children and their families are actively engaged and involved in the assessment, planning, delivery and coordination of services when it is safe and in the best interest of the child for his/her family to do so.
- Family-Centered practice does not mean that you leave children in the home when it is unsafe to do so.

Local strategies for practice activities must include advocating for improved conditions for families, supporting them, stabilizing those in crisis, reunifying those who are separated, building new families, and connecting families to the resources that will sustain them in the future.

Cultural Competence

- In family-centered practice, you strive to be understanding of differing cultures and ensure service provision is respectful of, and compatible with, cultural strengths and needs.
- Cultural competence is a skill learned by the individual and the organization, fostered by a commitment to provide services that are culturally appropriate and that make a positive difference for children and families.

Supporting Families through Formal and Informal Services/Resources

- Children and their families must be encouraged and supported to access services. Agencies must develop and implement strategies to promote the utilization of formal and informal services to children and families.
- Strategies and services must support children safely in their homes with their families. The child, when age appropriate and the family must be actively involved as team members in the case planning process.
Core Values, Guiding Principles, and Practice Framework

Core Values
- Children must, first and foremost, be protected from abuse and neglect.
- There is an intrinsic value and human worth in every child and family.
- Children should live with their families, and when that cannot be achieved through supports and services, must live near their home, maintaining family connections, particularly, sibling relationships, while also preserving their cultural heritage.
- A child's home must be safe, stable, and permanent.
- A child must achieve success in school, and their medical, emotional, behavioral, developmental, and educational needs must be met.
- Families and individual members are most likely to resolve issues of concern by involving them in the change process and building on their strengths.

Guiding Principles
- Child safety must always be promoted while actively assisting the preservation of families and family connections.
- The first and greatest investment of public resources must be made in the care and treatment of children in their own homes and communities.
- Every child deserves to live in a family which provides basic safety, nurturing, and a commitment to permanent caretaking.
- The cultural and ethnic roots of the child/family are a valuable part of its identity. In order to understand and communicate with the child and family, cultural sensitivity must be a primary feature of service delivery.
- Children's need for safe and permanent family caretaking can be met by providing appropriate and adequate resources in a timely and effective manner.
- Our approach to working with children and families must be child-centered and family focused with the needs of the child and family dictating the types and mix of services provided.
- Services to children and families must be individualized based on their unique strengths and needs and must be delivered pursuant to an individualized plan, constructed with the family and their team.
- Services developed through the individualized teaming and planning process must be delivered with sufficient intensity to address presenting and underlying needs and must be well-coordinated.
- Practice must be local: Work must be community based, and the focus of services as well as child welfare system management and decision-making responsibility, must rest at the community level.
- Family-centered approaches facilitate planned, appropriate placement when necessary, based on sound information about the needs of the child.
- Family-centered services offer the best hope of breaking the cycle of hopelessness and helplessness that engulfs many families. Families must be supported and encouraged to access services.
- Intervention into the life of children and families must ideally offer as much service as necessary to achieve intended goals, and no more.
- The rights to privacy and confidentiality must be treated with respect when assisting children and families.
Practice Framework

A practice framework encompasses a range of major aspects and activities of child welfare practice and service delivery.

Core practice functions which promote a family-centered approach include:

- engaging the family to build strengths-based, trusting, and working relationships
- assembling a family's team - members are actively involved with assessment, planning, service delivery process and provide support to the family before, during, and after agency involvement. (formal supports: CLS, teachers, therapists, GAL, foster parents/caregivers; informal supports: relatives, friends, other community supports)
- helping families assess their strengths, needs, resources within a cultural context
- collaboratively developing and implementing case plans to address the family's needs and strengths (formal and informal services)
- supporting and collaborating with child, parents, and caregivers during case management
- monitoring and modifying services through contacts/communication with the child, family, caregiver, and service providers
- determining readiness for case closure

Core Practice Functions

The core practice functions are intended to drive the service delivery process to achieve the outcomes of ensuring child safety, strengthening family functioning, achieving permanency for children, and meeting the child's and family's well-being needs. The service delivery process begins with the investigation stage and continues until the child achieves permanency.

Use the following link to access additional information on family-centered case management:
http://www.childwelfare.gov/famcentered/casework/case_mgmt.cfm
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.
Family-Centered Engagement
Working with families and youth is at the core of good family-centered practice. To conduct initial assessment, case planning, and case management successfully, you must be skilled in communicating with children, youth, and families to help them strengthen interpersonal, parenting, and problem-solving skills.

The goal of family engagement is to build strengths-based, trusting, and working relationships with children and families. When engaging families you must:
- Listen carefully.
- Demonstrate respect and empathy for family members.
- Develop an understanding of the family’s past experiences, current situation, concerns, and strengths.
- Respond to concrete needs quickly.
- Establish the purpose of involvement with the family.
- Be aware of one’s own biases and prejudices.
- Validate the participatory role of the family.
- Be consistent, reliable, and honest.

Building the Family’s Team
The purpose of the family’s team is to ensure that the skills, abilities, and technical assistance needed to assist the family in achieving its individual goals are in place. The team must be actively involved in the planning and service delivery process.

The family team always begins with the child and family, and the composition of other team members will vary, but is based on the child and family direction and needs.

Teams may also include formal and informal supports. Effective teamwork requires coordination across the family’s team to improve the integration and quality of service provision.

Working with Family Resources
Family-centered practitioners view all family members as important resources and sources of support for the family. They are skilled in engaging formal and informal community resources by involving them, as appropriate, in family assessment and case planning and in providing ongoing support to families before, during, and after services are ended by the formal child welfare agency and other community agencies.

Elements of effective service planning with families include engaging families and youth; providing direct assistance with challenges the family is facing, including counseling, parent coaching and modeling, and continuing to assess with the family their strengths, needs, and progress.
**Family-Centered Assessment**

Assessment forms the foundation of effective practice with children and families. Family-centered assessment focuses on the whole family, values family participation and experience, and respects the family’s culture and ethnicity.

Family-centered assessment helps families identify their strengths, needs, and resources and also helps to develop a service plan that assists them in achieving and maintaining safety, permanency, and well-being.

There are many phases and types of family-centered assessment, including screening and initial assessment, safety and risk assessment, and comprehensive family assessment. Assessment in child welfare is intended to provide a big-picture understanding of the families’ strengths and underlying needs and must be across the service team.

Assessment is always ongoing; it begins at first contact with the family and does not end until the case is closed and the child has achieved permanency.

**Family-Centered Case Planning**

Family-centered case planning ensures the involvement and participation of family and other needed team members in all aspects of case planning, so services are tailored to best address the family’s needs and strengths. It includes:

- family members’ recommendations regarding types of services most helpful to them
- timelines for achieving the plan
- expected outcomes for the child and family

Case planning requires frequent updates based on all your assessments of progress toward goals. Case plans must be well thought out, focused on outcomes, and offer logical strategies, that if implemented with adequate intensity, will drive the change process towards achieving successful outcomes for children and families.

Case plans may include formal services and services to assist families with meeting practical needs, such as food, housing, transportation, employment, income support, providing information on child development, and helping build daily living skills.

**Family-Centered Case Management: Monitoring and Modifying Service Delivery**

Through frequent, planned contact, you assist the family in achieving the goals and objectives of the service plan. This includes helping families access a range of supports and services and creating opportunities for them to learn and practice new skills.

Family-centered case management includes communication and planning with multiple service systems to ensure provision of appropriate services and assessing service effectiveness and individual or family progress.

Families are encouraged to use their skills to access resources, fully participate in services, and evaluate their progress toward desired goals and outcomes.

When interventions are not working, you, working in collaboration with the team, must adjust strategies and services to promote the achievement of the child/family’s goals.
Traditional vs. Family-Centered Child Welfare Practice

Present a comparison of traditional and family-centered practice using

PG15. 🌟 (PG page inserted on the following page TG23)

- Tell the class that the pre-service training emphasizes family-centered practice.
- Refer the class to the resource web site on PG15.
  http://www.childwelfare.gov/famcentered/casework/case_mgmt.cfm

*During classroom instruction or activities remind learners of job tasks that reflect a family-centered approach, referring to the poster.*
<table>
<thead>
<tr>
<th>Safety Planning</th>
<th>Family-Centered Child Welfare</th>
</tr>
</thead>
<tbody>
<tr>
<td>The plan is developed by Child Protective Services, courts, or lawyers without input from the family or those that know the child.</td>
<td>Families are involved in designing a safety plan based on information and support from worker/team members.</td>
</tr>
<tr>
<td>Out of Home Placement</td>
<td></td>
</tr>
<tr>
<td>Biological, adoptive, and foster families have little contact with one another.</td>
<td>Partnerships are built between families and foster/adoptive families, or other placement providers. Respectful, non-judgmental, and non-blaming approaches are encouraged.</td>
</tr>
<tr>
<td>Implementation of Service Plan</td>
<td></td>
</tr>
<tr>
<td>Implementation most often consists of determining if the family has complied with the case plan, rather than providing services and supports or coordinating with informal and formal resources.</td>
<td>Workers ensure that families have reasonable access to a flexible, affordable, individualized array of services and resources so that they can maintain themselves as a family.</td>
</tr>
<tr>
<td>Reevaluation of Service Plan</td>
<td></td>
</tr>
<tr>
<td>Few efforts are dedicated to determining the progress of the family in reaching the plan's outcomes. Re-evaluation results are not shared with the families.</td>
<td>Information from the family, children, support teams, and service providers is continuously shared with the service system to ensure that intervention strategies can be modified as needed to support positive outcomes.</td>
</tr>
</tbody>
</table>

Use the following link to access additional information on family-centered case management: [http://www.childwelfare.gov/famcentered/casework/case_mgmt.cfm](http://www.childwelfare.gov/famcentered/casework/case_mgmt.cfm)
Topic ~ Co-Parenting

Materials

- PG16-29 QPI Video/Webinar on Co-Parenting Slide Show
- PG30 Co-Parenting Webinar (QPI) Discussion Questions
- PPT7 Co-Parenting
- PPT8 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 TG26-39)

Display PPT7, Family-Centered Practice Framework and discuss.

Co-Parenting

Objectives:

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

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 PPT8, 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 PG30. *(PG page inserted on the following page TG40)*

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

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.

Co-Parenting

An introduction on integration into a Family Centered Practice model

Elisabeth Silver
Program Director
Gulf Coast Jewish Family and Community Services
Co-parenting with Heartland for Children

Heartland for Children

JFCS

Module 1: Introduction to Pre-Service Training
My granddaughter
Alex in the NICU

Children live the positive reality in each moment. They have much to teach us if we would just listen.
Alex Linkenbach, 2010
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 appropriate children to also be part of the team.
- It clarifies roles and expectations at the outset of the placement and can therefore lead to more stability and less frustration by all parties.
- Perhaps most importantly, it forms a team of the parents, the foster parents, the social service workers, along with anyone else who is involved in caring for the child.

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

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

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

- Birth Parents:
  - Initial Trauma from the removal
  - Shock
  - Disbelief
  - Anger
  - Bargaining
  - Grief and Loss reactions
  - Mistrust
- They see us all as "The System" or "DCF".
  They've never been asked to be a partner before

Module 1: Introduction to the Child Welfare Pre-Service Training
I go see my kid at their house. It's a much nicer place than mine. I know they think I'm a bad person and they're judging everything I do because I made some mistakes. It hurts. I want to see my kids but these visits are painful. The guilt is overwhelming.
— Birth parent

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

• Case Managers:
  • Just one more thing to do on a case
  • Time to coordinate, convince and prepare the parties for the initial meeting
  • They are likely to end up with some of the Co-Parenting tasks and have to own that responsibility outright.

• Surrendering their position of authority in the case in order to assume an even handed partnership with the Foster and birth parent.

What about your? What would be your misgivings regarding joining a Co-Parenting team?
I have so many visits to supervise in my caseload. And I get so mad when the birth mom doesn’t show up, or worse, she shows up and the foster mom is rude to her. I see how happy the kids are to see their moms, and I realize this is the point.

But it’s hard.

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

What is the culture in one of our staffings?

• Who sits in these seats?
• 8 seats – how many of them would generally be filled by family members?
• Whose culture dominates the meeting?
Em POWER ment
Power as a variable sum idea
• If we view power as a fixed sum then we tend to think that giving power to another person takes it away from us
• If we view power as a variable sum then we understand that we can allow others to take power over their situation without disempowering ourselves

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

Foster Parent

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

• Birth Parents
  • An opportunity to see strong parenting models in practice with their own children
  • Puts a human face on the “system”
  • Allows them to have input on their children’s needs, wants, preferences
  • Allows them to feel like a partner and supports a family centered practice model
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, employment, and other appointments—take care of the case managers need to do this

-Strong possibility that the transition that often occurs between birth parents and Foster parents is eliminated or very rare

-Children delivered who are responsible for them.  (attending appointments, etc.)
- No missed appointments or last-minute cancellations due to confusion
-Who was appointed to transport

-Families who have support and access to the family members for progress and have fewer distractions

-Foster parents who remain as impacted after reunification can help to successfully increase the probability that the family will stay together.

-What are some possible good outcomes that you see for the Case Manager?

There is a Father

-Parenting is not just about a mother.  Dad is a birth parent too.

-Parents are a powerful influence on a child's development, whether they are present or not.

-Parents influence the development of the child, starting in the womb.  (Fathers are not just about a mother.  Dad is a birth parent too.)

-Children who are born in the first one or two years of life have a greater risk for emotional and behavioral problems.  (Fathers are not just about a mother.  Dad is a birth parent too.)

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-Fathers have a special role in the development of their children.  They are important in children's development and help children learn to cope with stress and manage their emotions.  (Fathers are not just about a mother.  Dad is a birth parent too.)

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Ideas for Supporting Co-Parenting for Case Managers and Foster Parents

The terms co-parenting, or cooperation or collaboration are terms that will probably not ring true to the birth parents. As we make more cooperative roles with birth parents, it is imperative that we continue to foster their experience in the child welfare system as being very different from ours.

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

Encourage birth parents by reminding them that they have information about the child that no one else has. 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 dealing in other dimensions in terms of our feelings toward birth parents.

Listening is key. Our birth parents get plenty of advice and instruction. This is a time to hear.

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 PPT9, Module 2 Objectives.

Module 2: Overview of Program Area Responsibilities

- Summarize major job responsibilities of the program area.
- Identify how your job tasks interact with the case flow process & other ongoing agency services.

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.

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 Pls/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

Core 100_ORS_PG_July 2012
Module 2: Overview of Program Area Responsibilities
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 _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _______ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _________ _______
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 _________ times. QPS #1; 2

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

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

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

5. An initial family assessment must be completed within ________ following the ESI 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 #8) Placement of a child in an unlicensed out-of-home care setting or reunification must be preceded by:
   A. ______
   B. ______
   C. ______

8. A ______/_________ 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 #66 and 57

16. __________ was obtained for the use of psychotropic medications when necessary to address the child’s mental/behavioral health needs. QPS #67
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](https://www.iafs.org/interstate-compacts) 
   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?

- upon receiving a new intake - to discuss an open or prior services case
  - **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)
  - **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.”
Module 3: Worker Safety

• Display PPT10, Module 3 Objective

Module 3: Worker Safety

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

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
When you consider safety risks entering a situation, you are better prepared to identify and address the safety issues affecting the child.

If you find yourself in a violent situation, what do you think you must do?

Worker’s 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:
  - Home 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 defuse the hostility.
Actions for Safety:

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

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

- Maintain self-control
  - Do not become defensive or angry.
  - Calmly try to understand the situation.
  - Leave the situation if you feel you need (or the client needs) "time-out" to calm down.
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

“How 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
Module 3: Worker Safety

### Trauma Continuum

<table>
<thead>
<tr>
<th>Mild</th>
<th>Middle</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing services in a contained office environment for a set period of time.</td>
<td>Exposed to on-going trauma events directly related to clients.</td>
<td>Providing home-based services.</td>
</tr>
<tr>
<td>Affected by the stories they hear.</td>
<td>Working with the client in the office and in the client’s home.</td>
<td>Spending many hours in the client’s home and witnessing traumatizing conditions and events on a continual basis.</td>
</tr>
<tr>
<td>These stories are at times related to ongoing events, but often these stories describe events in the past from which the client is currently safe.</td>
<td>Perceive themselves as having a degree of responsibility for determining conditions under which the trauma events may occur.</td>
<td></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 TG22-23)

- 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 elicit answers:

Sample questions to ask:

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
<table>
<thead>
<tr>
<th>Activity, cont.: How Resilient Are You?</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. I anticipate problems to avoid and expect the unexpected.</td>
</tr>
<tr>
<td>11. I’m able to tolerate ambiguity and uncertainty in situations.</td>
</tr>
<tr>
<td>12. I feel self-confident, enjoy healthy self-esteem, and have an attitude of professionalism about work.</td>
</tr>
<tr>
<td>13. I’m a good listener and have a lot of empathy for people. I can “read” people well.</td>
</tr>
<tr>
<td>14. I can adapt to various personality types (even difficult people). I’m non-judgmental.</td>
</tr>
<tr>
<td>15. I’m able to recover emotionally from losses and setbacks.</td>
</tr>
<tr>
<td>16. I’m very durable and keep going through tough times. I have an independent spirit.</td>
</tr>
<tr>
<td>17. I have been made stronger and better by difficult experiences.</td>
</tr>
<tr>
<td>18. I can convert misfortune into good fortune and discover unexpected benefits in almost any situation.</td>
</tr>
<tr>
<td>19. I can express feelings to others, let go of anger, overcome discouragement, and ask for help.</td>
</tr>
</tbody>
</table>

Core 100_OR_PG_July 2012
Module 3: Worker Safety
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 you 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

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Module 4: Child Welfare Certification Process and Requirements

- Display PPT11, Module 4 Objective.

Module 4: Child Welfare Certification Process and Requirements

**OBJECTIVE:**

- Explain Florida’s Child Welfare Certification Requirements

**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**

<table>
<thead>
<tr>
<th>Program Requirement</th>
<th>Timeline/Fee</th>
<th>All Child Welfare Certifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Register with the FCB as a Child Welfare Certification Applicant</td>
<td>• Within 10 days of hire</td>
<td>• Complete and submit the Child Welfare Certification Registration Form.</td>
</tr>
<tr>
<td></td>
<td>• $150 fee for Independent Applicants</td>
<td>• Registration provides the FCB with the applicant's demographic information, obtains the applicant under the FCB Code of Ethics, and documents the applicant's agreement to follow the FCB policies and procedures.</td>
</tr>
<tr>
<td></td>
<td>• No fee for all other applicants</td>
<td></td>
</tr>
</tbody>
</table>

| Demonstrate completion of education and training requirements | Timeline varies based on background of applicant | Pre-service training programs must meet FCB identified and ODS-approved core competencies. |
|                                                               | No fee                                      |                                                                                                 |

| Pass the written competency exam                          | Employee registers employee for exams when education and training requirements are met | The FCB administers discipline-specific Written Competency Exam. |
|                                                           | No fee until July 1, 2012                   | Exams measure knowledge and understanding of published core competencies.                      |
|                                                           | Beginning July 1, 2012, there is a $50 fee per test attempt |                                                                                                 |

| Apply for Child Welfare Provisional Certification (CWPC)  | After passing the written competency exam  | Complete and submit the Child Welfare Provisional Certification Application Form and documentation of required experience with the $600 certification fee. |
|                                                          | • $100 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. |
|                                                          | • Requires a minimum of 100 hours of experience in direct child welfare services |                                                                                                 |

<p>| Hold Child Welfare Provisional Certification (CWPC)       | Valid for 12 months from date of passing the written competency exam. | A time-limited, scope-limited credential is held while employee gain the supervision and experience necessary to fulfill certification requirements. |
|                                                          | No fee                                     | During this time, employees are expected to seek and respond to close supervision.               |</p>
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete supervision and experience requirements</td>
<td>• Maximum of 12 months from the date of passing the written competency exams</td>
</tr>
<tr>
<td></td>
<td>• No Fee</td>
</tr>
<tr>
<td></td>
<td>• Candidates in all categories must complete and submit verification of a minimum of 1,000 hours in direct child welfare services AND 52 hours of individual and/or group supervision. See complete requirements for Child Welfare Certification Program: Experience and Supervision.</td>
</tr>
<tr>
<td>Apply for full certification</td>
<td>• Credential awarded upon receipt of documentation verifying completion of experience and supervision requirements.</td>
</tr>
<tr>
<td></td>
<td>• No Fee</td>
</tr>
<tr>
<td></td>
<td>• Complete and submit the Child Welfare Certification Application Form, which includes documentation of completion of supervision and experience requirements.</td>
</tr>
<tr>
<td>Hold full certification</td>
<td>• Credentials are valid for two years from date of award</td>
</tr>
<tr>
<td></td>
<td>• No Fee</td>
</tr>
<tr>
<td>Maintain and renew credential</td>
<td>• Two years from date of award</td>
</tr>
<tr>
<td></td>
<td>• $200 renewal fee</td>
</tr>
<tr>
<td></td>
<td>• Certified Child Welfare Protective Investigator (CWPI) credential awarded.</td>
</tr>
<tr>
<td></td>
<td>• Certified Child Welfare Case Manager (CWCM) credential awarded.</td>
</tr>
<tr>
<td></td>
<td>• Certified Child Welfare Licensing Counselor (CWLC) credential awarded.</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 ECS accesses a broad range of CEUs from a wide range of Approved CEU providers. See Child Welfare Certification Program: Renewal and Continuing Education.</td>
</tr>
</tbody>
</table>

Effective date: 3-5-2012
Module 4: Child Welfare Certification Process and Requirements

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 employee’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 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 uncertified persons.</td>
</tr>
</tbody>
</table>

Continuing Education
Document a minimum of 20 hours each 12 months the credential is held. Total of 40 hours of Continuing Education is due with bi-annual renewal.

Renewal
Renewal is every 2 years. Renewal fee is $200.
Child Welfare Certification Program
Certification Program Standards: Employer-Sponsored Applicant
DRAFT for FCB Child Welfare Advisory Board Approval

- Submit OW Certification Registration Form to the FCB within 10 days of hire.

- Complete employer-provided training requirements.

- Take WBC Exam.

- Submit OW/Provisional Certification application to the FCB.

- Complete required individual and group supervision requirements.

- Complete minimum experience requirements.

- Submit OW Certification Application to the FCB.

- Hold OW Certification (radio for a minimum of 6 months)

- Complete annual required evaluation requirements (supervisor).

- Complete annual required re-certification requirements (OW).

- Pass annual re-certification (OW only).
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.