New Staff Safety Intervention Training Academy

Supervisor Guidebook

Milwaukee Child Welfare Partnership
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Training Academy Purpose
The Training Academy prepares all new BMCW direct service staff members (state and private agency employed) to fulfill their CPS/Child Welfare responsibilities at a **basic level of proficiency** in accordance with the Wisconsin Safety Standards and as operationalized in the Safety Intervention System (Comprehensive Assessment Process).

Training Academy Approach
The Training Academy is a structured, rigorous and competency-focused approach to new staff development. The focus is on the most critical aspect of a BMCW case manager’s role – assuring child safety throughout the life of a case. The Training Academy progressively builds competence by providing foundational knowledge coupled with skill practice, immediate performance feedback and criteria-based evaluation. New staff members’ ability to demonstrate the application of knowledge and skill determines their job readiness.

Training Academy Structure
The Academy is organized in 4 phases. The phases build on each other and gradually move new staff to full or nearly full case carrying capacity. The first three phases focus largely on formal training, in-class practice sessions and structured field activities. Each phase ends with a phase evaluation which must be passed (70% or above) before moving on to the next phase. Should the participant receive lower than a passing grade, they will be required to attend an Assessment and Recommendation panel, which includes an opportunity for self reflection as well as a plan for the participant to demonstrate proficient skill, developed in conjunction with the training/permanent supervisor.
INTEGRATION OF STATEWIDE TRAINING REQUIREMENTS

In most instances, participants will complete statewide training requirements within their first year of employment – one year earlier than required by Administrative Rule (DCF 43). This is possible because the Pre-service and most Foundation training requirements are integrated into the Academy structure. The requirements to be completed in the Academy include:

Foundation Courses (State Required):
- Engaging to Build Trusting Relationships
- Safety Foundation
- Interviewing in Child Welfare
- Intro to Access/Intro to Initial Assessment (foundation for IA staff only)

BMCW Additional Courses:
- Professionalism in Family-Centered Child Protective Services
- Information Collection and Safety Intervention
- Managing Safety in Out of Home Care
- Safety Intervention in Ongoing Services (PCFA)

Immediately following completion of the Academy, new staff will be scheduled for the remaining Tier 2 Foundation training requirements, including:
- Legal Aspects
- Separation, Placement and Permanency
- Effects of Abuse and Neglect on Child Development
- Case Practice with American Indian Tribes
- Family Teaming
Staff Roles

TRAINER ROLE

MCWP staff members are responsible for planning, guiding and evaluating learning using Wisconsin State Standards, best practice, sound instructional design and adult learning principles. The instructors will introduce ideas and explain concepts that stimulate thinking and promote dialogue. The Trainer will use a variety of training strategies such as didactic mode/lecture, group discussions, role plays, small group exercises, observation, multimedia, performance feedback and evaluations.

MCWP staff members are available as a resource for individual questions or instructions and to provide assistance to BMCW training staff as individual needs arise.

More specifically, you can expect trainers to:

- Teach
- Listen
- Help but don’t do
- Give honest and timely feedback aimed at encouraging success
- Solicit and explore feelings about material and participants’ learning process
- Model teamwork, professionalism and best practice
- Maintain standards at all times

TRAINING TEAM/PERMANENT SUPERVISOR ROLE

Training team supervisors play a critical role in guiding participants’ learning. They are primarily responsible for helping staff apply what they have learned and for giving timely, meaningful performance feedback. The importance of both of these functions for learning and job performance cannot be overstated. When these functions are performed poorly or incompletely, new staff job performance, case carrying capability and satisfaction on the job will almost certainly decrease.

Guiding application and giving performance feedback requires a productive and trusting relationship between training team supervisor and learner. When training team supervisors are present and available, both in training and agency application activities, the supervisory relationship is built and learning accelerates. Therefore, it is expected that training team supervisors will:
Staff Roles

• Attend training with participants. Supervisors are expected to sit with their staff, guide them in exercises and other classroom activities and listen to their questions and needs. In conjunctions with MCWP staff, supervisors are expected to provide information, clarification and direction. This is an ACTIVE role and supervisors are expected to be actively engaged with staff and the learning material.

• Establish a working relationship with participants. Identify and address any potential barriers, problems or unrealistic expectations. It is the responsibility of the training team supervisor to check in with participants regularly to observe and track learning progress. The supervisor should note quality of discussion and other contributions by the new workers.

• Plan for and direct staff in their agency activities. Training team supervisors may arrange for activities to be done under the direction of permanent supervisors or experienced staff. However, they are expected to prepare staff in advance, be available to them during activities and debrief following the activities.

• Conduct large group reviews: Understanding the training materials is critical to regularly check in with participants to solicit questions and feedback.

• Conduct individual reviews: Take time out to meet regularly with each participant to answer questions and provide feedback related to noticeable strengths and any areas of concern. Scoring/feedback for any assignments should be done in a timely manner. If the participant has not passed (scored 70% or above) any of the assignments the training supervisor is to identify the individual’s area of improvement and provide information or the opportunity for the participant to demonstrate improved skill in whatever manner the training supervisor finds appropriate for that individual. Training staff may consult with MCWP for ideas.

• Providing timely scoring/feedback for any assignments. If the participant has not passed (scored 70% or above) any of the assignments, the training supervisor is to identify the individual’s area of needed improvement and provide information and/or opportunities for the new staff to demonstrate improved skill. This must be done in a creative manner to meet the learning needs of that individual. Training supervisors may consult with MCWP for ideas.
Academy Policies

Training Supervisors can bolster in Academy success by ensuring their staff are aware of the policies and helping to enforce them. The following rules apply for all Academy participants:

- Be on time. Be signed in and seated at least 15 minutes prior to the start of the class (typically 9 AM), this includes being back from lunch. Missing more than a combined 15 minutes from a learning series could result in zero credit for the training.

- Cell phone usage: cell phones should be put away during training unless there is an emergency, of which the participant should notify the trainer of the possible disruption.

- Participate in exercises. Try to complete all tasks to the best of your ability.

- Be respectful of all participants. Refrain from negative comments or other distracting behaviors such as side conversations.

- Remove items at the end of each day. Rooms are used for various activities so all materials, food/beverages and personal items must be cleaned up each day.

Participant Evaluations

PREPARING FOR EVALUATIONS

Prior to Practica work (Engaging and PCFA) with actors and each evaluation, MCWP will schedule time for participants to prepare at the Academy. Prep sessions are led primarily by the training supervisor. Training supervisors must be present to identify their individual staffs’ needs and may choose from a variety of modes to assist staff – large group, small group, individually, role play, quizzing, etc. Training Supervisors must be competent in the training curriculum to properly assist their staff.
Case Assignments

Case assignment should be as a secondary worker until successful completion of Phase 3 Evaluation. Case assignment should be authorized by the Training Supervisor. Training supervisors are responsible for matching participants to a case that is appropriate to the participants’ skill level. Training Supervisors are encouraged to challenge new staff but in a way that does not put success unduly out of reach.

*Important Note:*

No training academy participant should be left alone to conduct a home visit, client meeting, participate in court, or perform any other vital case function that involves client contact or could significantly affect the outcome of a case. Training academy participants would best be served by field observation from the Training Supervisor, permanent supervisor or mentor/lead.

**ASSIGNMENT RECOMMENDATIONS BASED ON CLASSROOM ACTIVITIES**

**Ongoing and Safety Services:**

A good learning case post Phase 2 would be one in which a safety decision is being made by an experienced worker. An example of this would be a case in which children are being returned with an in-home safety plan or being removed due to failed safety planning, therefore implementing an out-of-home safety plan. Post Phase 3, workers would benefit from cases newly transferred from Initial Assessment to engage in the Protective Capacity Family Assessment Process.

**Initial Assessment:**

Post Phase 2, workers should be able to assist in collection of information for all seven areas of the Initial Assessment. After Phase 3, workers would benefit by leading the discussions with families that revolve around safety decision making and take the lead on information collection.
Case Assignments

CRITERIA FOR GOOD LEARNING CASES

- Cases that do not have lengthy history with the BMCW requiring the new worker to decipher what has happened over the course of time.

- Cases that have a solid existing case plan. Case transfer and all current documents in eWiSACWIS should reflect what the worker is currently doing with the family including accurate impending danger threats being managed and well written, accurate goals.

- Cases in which the prior OCM had a positive or at least semi-positive working relationship with the BMCW.

Training Academy Curriculum Schedule

Detailed information about each week of the Academy, including Pre-Academy activities, is provided in the following sections. Training Supervisors are to pay particular attention to the “PREPARATION” sections as this work should be done at the agency prior to the classroom learning. Training Supervisors should not only be reviewing the learning objectives to develop the Professional Development Plans with the Training Academy participants, but also to prepare for possible questions that may be asked and to begin formulating ideas about how the Training Supervisor can assist in the learning process. Should the Training Supervisor not be familiar with the learning objectives/content, this is a class that must be attended.
DCF 43 became effective February 1, 2008. This administrative rule on child protective services caseworker training directs new child welfare workers employed as a child protective services caseworker to complete pre-service training prior to being entered in the statewide automated child welfare information system as a primary caseworker. Until a caseworker has completed pre-service training the caseworker may only provide child protective services when accompanied by a CPS supervisor (who has completed pre-service) or a CPS caseworker who has completed pre-service training.

On line pre-service modules include:

- Introduction to Child Welfare
- Engaging Families
- Safety (must be completed prior to attending Safety Foundation)
- Development & Dynamics of Human Behavior
- Access
- Court
- Initial Assessment
- Ongoing Services
- Permanency

Workers are to complete the Online Pre-Service Checklist. There are also quizzes that must be passed after most modules that Training Supervisors may choose to collect.

*Training Supervisors may choose to have trainees complete the Mandated Reporter, W-2 and HIPPA modules.*

Training Supervisors may also choose to use provided activities to assist in the transfer of learning. These have been found to be extremely helpful in the past! The activities assist in the transfer of learning process and can incorporate agency specific information to enhance the learning. See Online Pre-Service Checklist and online module activities, which are included in the Appendix.
Pre-Academy Activities

FUNDAMENTALS QUIZ
(Anticipated timeframe – 1-2 hours)

This assessment is designed to determine the level of comprehension for each new trainee around the concepts taught in Fundamentals, including the following:

- Knowledge/creation of genograms, ecomaps, child-focused family centered practice
- Understanding typical behaviors of babies, toddlers, preschoolers, school-aged children/adolescent and teenagers
- Includes multiple choice, short answer and scenario in which trainee must complete a genogram, ecomap and identify the family hierarchy and stage of life cycle

A score less than 70% means trainee to be enrolled in MCWP Fundamentals

Additional Activities
(Can be completed at any time)

Expectations Worksheet
(Anticipated timeframe – 45 minutes for activity, 1-3 hours for discussion, varies by group size)

Workers are to complete this activity individually and Training Supervisors may choose to discuss as a large group or read individually for one-to-one feedback. See Appendix #1.

Field Observation
(Anticipated timeframe – 1 hour)

Provide structure for any day(s) when trainees are observing client contact. New staff should be paired with their mentor or lead whenever possible. If new staff members observe other workers, they should be known to demonstrate positive engagement skills and abide by best practice standards in accordance to the WI Safety Standards. See Handouts #9 in the Appendix.
Additional Activities

End of Day Exercises:

**Intention:**
End of day or daily reflections are intended to provide direction, answer questions and provide support.

**How to facilitate:**
Facilitators are encouraged to employ structured facilitation through the use of group discussion skills and making an effort to create a safe environment. A safe environment is referred to here as one in which participants are not chastised for having the wrong answer, but risk being wrong and encouraged to “think out loud”. Also, a safe environment should include the ability to share one’s feelings, as long as it is done appropriately, and with respect for one another’s varying viewpoints.

**Purpose and processing:**
CRITICAL THINKING QUESTIONS: This is an opportunity to process how new staff members are interpreting the information that is being presented regarding child welfare practices and procedures, as well as, the organizational structure of the BMCW and their role within. It is also meant to help encourage critical thinking skills related to concepts presented and tasks inherent of child welfare work. Examples of critical thinking questions:

- How does your position within the BMCW assist in achieving the mission of the organization?
- What would you have done the same or differently than the case manager you shadowed? Why?
- In your role, what are some of the ways you see yourself supporting families?
- What kind of case or family condition could pose a problem for you (personal biases, culture, etc.)?
- What are some societal trends you are noticing in this community?
- What did you learn in school or from prior job experiences that you can relate to based on your field experience?

Reflection Activities:
After the questions are discussed, new staff should be encouraged to consider how the information is fitting (or not fitting) into what they already know or have heard about child welfare, foster care and BMCW in particular. Were there any beliefs that have been challenged, or “Ah Ha” moments realized where information all of a sudden makes sense? Finally, they should be asked to reflect on any feelings that may have come up during the day, in particular about child abuse/neglect, safety for children, personal safety, and other potentially emotionally laden issues. This portion of the exercise is the opportunity to normalize any strong feelings they may be having. Facilitators can lead discussions around best
Additional Activities

practice and share own practice experiences. It is also suggested that the facilitators reiterate the role of good self-care during training and once on the job full time.

Examples of reflective questions:

- How did what you saw fit with your previous understanding of the child welfare system? How did it confirm what you already knew? Was it different than what you thought?
- How did what you saw and/or learned affect how you are feeling?
- What did you take away from this experience that you will use again?

Car Seat Training
(Anticipated timeframe – 3-4 hours)

Training Supervisors must have training completed by an approved WI Car Seat Technician.

Introduction to Documentation
(Anticipated timeframe – 2 hours to review material, discuss samples and agency policy)

Training Supervisors can also provide sample case notes they have pre-selected as stellar examples of thorough documentation. Various types of case notes should be provided including face-to-face contacts with varying age groups, court, family team meetings, etc. A Power Point presentation with information about effective documentation is available in the appendix. See Appendix #2.
OVERVIEW

Introduction to the Academy
Professional Child Welfare Practice: Child Protective Services
Introduction to Cultural Competency
Agency Day

PREPARATION

Participants are to read the following documents
   a.  Read Overview (Appendix #3)
   b.  Read the following items in the Legal Documents tab:
      i.  Complaint
      ii.  Modified Settlement Agreement
      iii. Corrective Action Plan
      iv.  Most Recent Monitoring Report
2.  MPSW 20 (Appendix #4)
3.  NASW Code of Ethics (Appendix #5)

Training Supervisors are to complete a Professional Development Plan (PDP) – Handout #1 (Appendix) with each participant based on below learning objectives prior to training.

COURSES & ACTIVITIES

Professional Child Welfare & Introduction to Cultural Competency – Learning Objectives

This course is designed to inform the participant of the professional tenants, values and ethics associated with public child welfare case work. The instructor will present information on the function and authority of public child welfare; how professional social work values, ethics and codes of conduct guides case work practice including confidentiality and boundaries; the history of child welfare and the philosophies that shaped child protective services; the role of culture and the issues of difference plays in child welfare practice and resolving ethical dilemmas. During these two courses, participants will:
Training Academy Week #1

- Develop an understanding of the important work Child Protective Service case workers perform
- Review professional ethics and standards espoused by the National Association of Social Workers and how they guide child welfare practice
- Review the laws and administrative codes that governs the CPS workers practice
- Increase his or her awareness of culture and issues surrounding difference impact child welfare practice and decision making
- Learn how to identify and resolve ethical dilemmas found in child welfare practice.

Agency Day Structure – Options

- Pre-service Modules completion

- Field observation/activity – Participants are to complete sample case notes of all field opportunities. Training supervisor should collect case notes to provide feedback. Training Supervisors should review Case Note curriculum from Pre-Academy Activities. Participants should be instructed that quality case notes in general are:
  - Concise
  - Specific
  - Relevant
  - Logical
  - Timely
  - Meaningful
  - Useful
  - Fact based
  - Ethical
  - Well organized
  - Well written
  - Includes other professional views
  - Includes client’s views
OVERVIEW

Field Integration Session
Engaging to Build Trusting Relationships
Intensive Practice of Engaging Skills with Performance Feedback/Coaching

PREPARATION

1. Training Supervisors are to complete a PDP – Handout #1 with each participant based on below learning objectives prior to training

2. Training Supervisors will be very active in Engaging Skills Practica. See directions below for preparation.

COURSES & ACTIVITIES

Field Integration Session (Monday Morning) – Trainer’s Instructions

Goals:
- Use field experiences to exemplify and deepen classroom lessons
- Help participants begin applying what they have learned by identifying how “classroom” concepts show up in actual case activity
- Answer participants’ questions about field experiences and how they relate to class material
- Help participants process their learning about organizational culture

Process:
Lead the group in a discussion of the following questions. Try to draw out at least 3-4 stories to get a good range of perspectives and lessons learned. As participants answer/discuss, listen for links with the material they learned most recently. Help them identify the links. Also listen for those activities/observations that they found most significant, troubling or otherwise memorable. Are these the “right” priorities in terms of safety intervention?

Re-direct as needed, helping participants understand when memorable events are actually important to families, when they are distractions and when they tell you things about how organizations function that you may need to know to successfully work with families.

Questions:
- What did you do during your agency time?
- What were some of the most significant things you did/observed? What makes these events “significant” in your mind?
• What did you do/observe that relates to what you learned in class last week/last time you were in class? *(Note: You will want to name some of the concepts last learned)*
• What questions do you have about what you did/observed? Were there things that surprised you? Confused you? Seemed to contradict what you have learned so far?
• Based on your experience, what do you want to learn more about? What do you want to practice more, either in class or in the agency?
• What insights do you now have about what it means to be a case manager/IASW that you didn’t see before?

**Engaging to Build Trusting Relationships – Learning Objectives**

**Introduction to Training:**
- Create personal learning objectives for the training
- Understand the scope of the training
- Know the titles and general content of the trainings in the foundation series
- Understand the importance of trust in helping relationships
- Identify two topics they are willing to discuss in skill practice sessions

**Engaging Families of Diverse Cultures:**
- Identify the diverse cultural groups present in the community where they work
- Identify important considerations when attempting to engage families of cultures different from their own
- Understand their own culture and its impact on their ability to engage families
- Understand the difference between values and codes of conduct

**Engaging Skills:**
- Identify the core conditions of trusting relationships: genuineness, respect, empathy, competence
- Identify and explain the multiple skills contained in two engagement skill categories: exploring and focusing
- Demonstrate the use of Exploring Skills to initiate relationships; emphasizing exploration of family culture
- Demonstrate the use of Focusing Skills to summarize and clarify family information & feelings
- Identify worker behaviors that are important to families when forming trusting relationships
- Identify three techniques for learning and expressing family perspective

**Defining Strengths and Needs:**
- Explain the dual focus of child welfare work: addressing needs and identifying strengths
- Identify personal strengths
- Include strength identification in assessments
• Convert identified strengths to functional strengths
• Explain the importance of looking beneath individuals’ behaviors to find underlying needs
• Include the identification of underlying needs in assessments
• Explain the difference between a need and a service

A Solution Focus:
• Explain the basic assumptions of the solution focused approach
• Identify the two rules of brief therapy and explain their application to their work
• Identify the six types of solution focused questions
• Demonstrate the use of solution focused questions as tools for engaging families

The Change Process:
• Describe the Prochaska and DiClemente stages of change model
• Identify the stage of change a person is experiencing when reviewing cases
• Explain the likely differences in a person’s motivation to change in imposed & voluntary changes
• Identify their personal tendencies and factors in casework experiences that may trigger over reliance on authority or over reliance on helping
• Explain the use of Engaging Skills to work through family resistance to agency intervention
• Describe three conditions that support change for families
• Explain the importance of continuously engaging families throughout the case process

Comprehensive Skill Practice
• Demonstrate Exploring, Focusing, and Solution Focused interviewing skills.
• Integrate a Functional Strengths and Underlying Needs analysis into an interview
• Demonstrate the correct matching of Engaging Skills to a Stage of Change in interviews
• Demonstrate behaviorally specific feedback after observing an interview
**Intensive Practice of Engaging Skills with Coaching (Thursday & Friday) – Engaging Skills Practice Activity**

**Goals:**
- Participants will gain practical experience in a variety of scenarios using exploring skills that facilitates the creation of family partnerships.
- Participants will gain practical experience in a variety of scenarios using focusing skills that facilitates learning the family’s perspective.

**Instructions:**
Training Team Supervisors will meet with their group of participants to provide the following instructions. Training Team Supervisors will also explain the purpose and goals of this practice activity and take any general questions about material covered in Module 3 – Engaging Skills.

- Participants will be divided into groups of at least 3. A training team supervisor should be assigned to each group.
- Each participant will engage with an actor in one or more of the scenarios.
- Explain to the participant that an actor will be the main character of the scenario. They are instructed to engage with the actor around the various issues presented in the scenario.
- Review the scenario that will be provided to the actors.
- Briefly process the scenario and discuss potential issues that may need to be addressed.
- Provide participant with handout titled Interview Strategic Plan – Handout #34 will be available during training. Assist participants in the completion of this plan as preparation for the interview activity.
- Briefly review the Exploring and Focusing skills that should be using by the participants.
- Each scenario should take approximately 15 minutes per participant. Should the participants become stuck/frozen during the interview, the Training Supervisor should be prepared to offer suggestions.
- Training Team Supervisors will utilize Guidelines for Providing Feedback – Handout #16 and Observation of Skills/Techniques Practice – Handout #17 and will provide feedback to the participant following the activity.
Training Academy Week # 3

OVERVIEW

Information Collection and Safety Intervention
Agency Day

PREPARATION

- Training Supervisors are to complete a PDP – Handout #1 with each participant based on below learning objectives prior to training

COURSES & ACTIVITIES

Information Collection and Safety Intervention – Learning Objectives

- IA as a social Intervention
- Intervention concepts and criteria fundamental to IA and decision making
- IA as the generator of the essential information which drives the system of intervention
- The family system and family centered orientation for IA
- IA information collection for decision making
- Approaches and challenges to information collection
- Judging who to serve

Agency Day Structure – Options


- **Review Initial Assessments** of cases assigned (or will be) for complete information in 7 areas of assessment. Develop plan to obtain information. Training Supervisor should review plans with workers and refer to written materials/curriculum for accuracy. Help workers to differentiate what they “want to know” from what they “need to know”

- **Field activities with emphasis on engaging skills** – Participants shadow multiple workers taking note of engaging techniques/strategies. Participants can use the Engaging Skills Observation – Handout #3. Large group discussion with participants to share experiences and reflect on how they will or will not incorporate what they saw into their own practice.
Training Academy Week # 4

OVERVIEW

Field Integration Session
Safety Foundation & Managing Safety in Out-of-Home Care
Find and Explain Drill Activity

PREPARATION

• Training Supervisors are to complete a PDP – Handout #1 with each participant based on below Safety Foundation learning objectives prior to training

• Training Supervisors must be familiar with the Find and Explain Drill to provide beneficial guidance and feedback for the activity

COURSES & ACTIVITIES

Field Integration Session (Monday Morning) – Trainer’s Instructions

Goals:

• Use field experiences to exemplify and deepen classroom lessons
• Help participants begin applying what they have learned by identifying how “classroom” concepts show up in actual case activity
• Answer participants’ questions about field experiences and how they relate to class material
• Help participants process their learning about organizational culture

Process:

Lead the group in a discussion of the following questions. Try to draw out at least 3-4 stories to get a good range of perspectives and lessons learned. As participants answer/discuss, listen for links with the material they learned most recently. Help them identify the links. Also listen for those activities/observations that they found most significant, troubling or otherwise memorable. Are these the “right” priorities in terms of safety intervention? Re-direct as needed, helping participants to understand when memorable events are actually important to families, when they are distractions and when they tell you things about how organizations function that you may need to know to work successfully with families.

Questions:
• How did the activities you participated in support sufficient information collection? Which areas of assessment were focused on?
• How did the activities you participated in support safety assessment or safety reassessment?
• How did the activities you participated in assist in judging the sufficiency of the current safety plan

Safety Foundation & Managing Safety in Out-of-Home Care –
Learning Objectives

• Identify when they must assess for Present Danger Threats
• Describe the qualities of a Protective Plan
• Understand Impending Danger Threats and how they differ from Present Danger Threats
• Understand and apply the danger threshold criteria
• Understand the implications of crossing the danger threshold
• Use the Impending Danger Threat definitions
• Identify the safety related information required by the Safety Intervention Standard
• Describe errors that are frequently made in Safety Assessment
• Articulate a plan for performing the tasks of Safety Assessment in their work
• Complete a Safety Assessment with appropriate supervision
• Identify the points in the case process where a Safety Assessment is required
• Identify the steps in Safety Intervention
• Identify how the steps in Safety Intervention are integrated into documentation on eWiSACWIS
• Understand the significance and utility of the first analysis question
• Begin applying the first analysis to case information
• Understand the significance and utility of the second analysis question
• Begin applying the second analysis question to case information
• Understand the significance and utility of the third analysis question
• Begin applying the third analysis question to case information
• Understand the Safety Intervention Standards requirements for in-home Safety Plans
• Understand the significance and utility of the fourth analysis question
• Understand the difference between safety responses that address behavior control and treatment services that address behavior change
• Understand the qualifications of safety service providers
Training Academy Week # 4

- Understand the qualities of sufficient safety and the times one needs to assess sufficiency
- Begin to develop in-home Safety Plans
- Begin to judge the sufficiency of an in-home Safety Plan
- Understand the concept of provisional safety planning
- Understand the Standards for monitoring Safety Plans
- Describe the progression of Protective Plans, Safety Plans and case plans across the case process
- Describe the differences among Protective Plans, Safety Plans and case plans
- Describe their plans for integrating the training content into their work

Find and Explain Drill Activity – Handout #4

Directions:
Participants will have several opportunities practice assessing information gathering as it relates to safety intervention. Participants review documentation, answer related questions, and present their findings to the group.

Large group level reviews:
Distribute 1 initial assessment document to the entire training group. Participants are to read the document and process the related questions as a large group. (Note to Training Team Supervisors- the purpose of this level of review is to get participants familiar with the review process, help them identify the contents of each, answer, and give opportunity to practice the presentation process).

Small group level reviews:
Divide participants into small groups of 4-5. Assign each group a different initial assessment document to review. Instruct groups to answer the related questions at their tables and prepare to present their findings to the large group.

Individual reviews:
Ideally, assign each participant a unique initial assessment document to review and answer the related questions (depending on the number of participants you may need to double up the assessments. However, participants should answer the questions independently). Each participant, or groups of participants who reviewed the same document, presents their findings.
**Supervisor Role:**
The purpose of the oral presentations is to help participants not only know the components of sufficient information gathering, but also practice their skills in articulating. They will need to be able to articulate with clarity to their supervisor, in court, to team members, etc. Presenting cases will become a routine part of their practice. The large group, small group, and individual presentations follow the same pattern. Therefore, it is critical for supervisors to be familiar with the process so that they can assist participants throughout. Supervisors are strongly encouraged to attend and participate in the large group portion to become familiar and comfortable with the process. During the oral presentations, the Supervisor role is to:

- Help participants challenge the sufficiency of information.
- Challenge participants’ ability to defend their findings.
- Support participants in not simply regurgitating information, but also including their analysis of and conclusions drawn from the information.
- Encourage participants to identify what information is missing and why the information is necessary.
- Help participants differentiate between what they MUST know to make a decision about safety versus what they would LIKE to know for future case planning.
- Engage group in the discussion.

Suggestions for probing questions are included on the following pages.
Probing Questions

1. **Who is the family and what is the basis of the concern?**

   *This should be just a basic overview of the family. Parents, kids, ages, etc. Why are we involved? What brought this family to the attention of the Bureau of Milwaukee Child Welfare (BMCW)?*

2. **Is there present danger? If so, what is it? What is the protective plan used to address the present dangers? What more must you know about the present danger and the protective plan?**

   *What makes it a present danger situation? Why isn’t it a present danger situation? Is the protective plan sufficient? How do you know?*

3. **Using the 7 areas of assessment, describe the family. Is the information gathered sufficient? What additional information must you know regarding the 6 areas of assessment?**

   *Extent of maltreatment- nature, symptoms, events and circumstances, condition and location of the presenting child, duration, progression, pattern.*

   *Circumstances surrounding the maltreatment- isolation, stress and coping, violence, history, explanation for maltreatment, openness and truthfulness, mental health issues, substance use issues, response to CPS, chronicity and pervasiveness, contextual issues.*

   *Child functioning- vulnerability, development, physical health, school attendance and performance, suicidal/ homicidal behavior, social outlets, sexual acting out, positive attachment behavior, affect, temperament, behavior beyond normal limits, sleeping arrangements, perceptions about intervention, condition of the child.*

   *Adult functioning- reality orientation, problem awareness, self awareness, mood and temperament, self-control, coping, judgment, assertiveness, accountability.*

   *Parenting and Discipline- attitude about parenting, history of parenting, awareness of parenting style, perception of child, tolerance of child, interaction between child and parent, communication and expression with child, alignment with child, recognition of child’s needs, discipline approaches, emotional state related to discipline, knowledge and skill to provide for basic needs.*
4. **What is impending danger threats exist?** How do each of the identified impending danger threats cross the safety threshold? What additional information must you know about the impending danger?

*Which impending danger threat was identified?*
*What from the definition supports this impending danger threat?*
*What factors impact this child(ren)’s vulnerability?*
*Challenge participants on lumping concerns together and considering individually?*
*How do the qualifiers apply to this situation? Must distinguish how we know it’s not a one time incident.*
*How might the family be able to protect the child?*
*What makes this imminent?*
*How does this situation meet the severe harm criterion?*

5. **Answer and justify the following safety analysis questions:** How does the impending danger play out in the family? Can the family manage impending danger without direct assistance from CPS? Can an in-home plan work?

*How do the impending danger threats play out in this family – how long, how frequent, how predictable, specific times of day, prevent functioning in adult functioning?*

*Can the family manage and control the impending danger threats without assistance from CPS-is there a non-threatening/non-maltreating caregiver with sufficient capacities to protect (history of protecting, properly attached to the child, empathetic, believes the child, able to intervene, understands the threats to safety, plan for protection, aligned with CPS), Can the maltreating/ threatening caregiver leave the home (who’s idea, where would they go, attitude about leaving, is the plan practical, how does the protecting caregiver feel about the plan, how will needs be met, are we confident about the plan remaining active, are legal sanctions available) *

6. **Judge the current safety plan for sufficiency.** If the plan is insufficient, what is needed?

*Necessary responses are available now, service focus on control not change, plan specifically addresses each impending danger threat, has an immediate impact, level of service is sufficient to control the danger threat, only as intrusive as it needs to be, covers critical times and circumstances, does not rely on caregiver’s promise to behave different, qualified safety provides who are aligned with BMCW.*
## Find and Explain Drill Activity – Rubric

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>SCORE</th>
<th>CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Who is the family and why is the family opened for CPS?</td>
<td>3</td>
<td>Clearly identifies who the family is. Includes names, ages, relationships, and significant pieces of information related to individuals. Describes clearly each reason why family was opened for CPS at this time. Is careful not to lump multiple concerns together, but rather describe each individually.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Identification of family members lacks description and demographic information. Reason for opening in CPS is vague or confusing. Multiple concerns are lumped together and not described individually.</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Does not identify all family members. Reason for opening for CPS not identified or is unclear. Does not answer question.</td>
</tr>
<tr>
<td>2) Is there present danger? If so, what is it? What is the protective plan used to address the present danger? What more must you know about the present danger and protective plan?</td>
<td>3</td>
<td>Present danger threats are well-defined using one of the 27 present danger situations. Explanation of the protective plan includes specifically how the present danger threat will be controlled. Clearly identifies missing information and what else would be needed.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Present danger threats are somewhat defined, but do not specifically relate to one of the 27 present danger threats. Explanation of protective plan is unclear, does not include specifically how the plan will address the present danger. Minimally identifies what additional information may be needed.</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Present danger threats are not defined or are missed in the explanation. Understanding and explanation of the protective plan is missing. No additional information is identified as being needed.</td>
</tr>
<tr>
<td>QUESTION</td>
<td>SCORE</td>
<td>CRITERIA</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>3) Describe the family using the seven areas of assessment. Is the</td>
<td>3</td>
<td>Clearly describes the family using all six areas of initial assessment and uses the key elements of those areas. Clearly talks about the sufficiency or insufficiency of the information gathered. Is able to specifically state what information is needed in each of the six areas.</td>
</tr>
<tr>
<td>information gathered sufficient? What additional information must you</td>
<td>2</td>
<td>Somewhat describes the family using the six areas of initial assessment and uses some but not all of the key elements in those areas. Vaguely discusses the sufficiency or insufficiency of the information gathered. Minimally identifies additional information that must be gathered.</td>
</tr>
<tr>
<td>know regarding the seven areas of assessment?</td>
<td>1</td>
<td>Does not describe the family using the six areas of initial assessment and fails to cover key components of each of those areas. Fails to discuss sufficiency or insufficiency of information gathered. Does not identify additional information that must be gathered.</td>
</tr>
<tr>
<td>4) How does each of the identified impending danger threats cross the</td>
<td>3</td>
<td>Clearly identifies the appropriate impending danger threat from the list of 17. Clearly explains how each impending danger threat crosses each safety threshold criteria. Clearly identifies missing information that must be needed regarding impending danger.</td>
</tr>
<tr>
<td>danger threshold? What additional information must you know about</td>
<td>2</td>
<td>Somewhat identifies the impending danger threats from the list of 17. Only partially explains how the safety threshold criteria are met. One or two criteria may not be explained for a few of the impending danger threats. Some indication of what additional information must be gathered regarding impending danger.</td>
</tr>
<tr>
<td>impending danger?</td>
<td>1</td>
<td>Impending danger threats are not identified. Explanation of how the safety threshold criterion is met is missing or lacking significant information. Several criteria are unaccounted for.</td>
</tr>
<tr>
<td>QUESTION</td>
<td>SCORE</td>
<td>CRITERIA</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>5) Answer and justify the following safety analysis questions:</td>
<td>3</td>
<td>Clearly and thoroughly answer each of the three safety analysis questions covering all of the sub-questions of each. Clearly identifies what information must be gathered to sufficiently answer each question.</td>
</tr>
<tr>
<td>How does the impending danger play out in the family?</td>
<td>2</td>
<td>Somewhat answers the three safety analysis questions but does not clearly answer all of the sub-questions. Vaguely identifies what additional information must be gathered to sufficiently answer each question.</td>
</tr>
<tr>
<td>Can the family manage the impending danger without direct assistance from CPS?</td>
<td>1</td>
<td>Does not answer all of the safety analysis questions. Does not identify any additional information that must be gathered to answer the questions.</td>
</tr>
<tr>
<td>Can an in-home plan work?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Judge the current safety plan for sufficiency? If the plan is insufficient, what would is needed?</td>
<td>3</td>
<td>Clearly and thoroughly judges the safety plan for sufficiency. Identifies fully what would be needed if plan is insufficient.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Somewhat addresses the plan’s sufficiency. May miss some parts of information needed to assess sufficiency. Partially identifies what would be needed to make plan sufficient.</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Does not judge the plan for sufficiency. Misses significant components of sufficiency. Attempt to judge sufficiency is vague and unclear.</td>
</tr>
</tbody>
</table>

Additional Comments:
OVERVIEW

Agency Day
Evaluation Panel
Family Teaming

PREPARATION

Training Supervisors are to complete a *PDP – Handout #1* with each participant based on the Family Teaming Learning Objectives prior to training

AGENCY DAY STRUCTURE - OPTIONS
(Monday PM and Tuesday PM)

- Completion of Find and Explain Drill with assigned cases.
  - An agency case or classroom mock case can be chosen for the Phase 2 Evaluation. Training Supervisors are to assist participants in selection of which will be presented in 15 minutes for panel. It is recommended that if agency case is selected it be relatively easy to follow, with clear impending danger threats and preferably an in-home safety plan
- Out of Home Care Field Activity conducted with Licensing. Most beneficial for participant if conducted when child(ren) are present in the home
  - See Out of Home Care Field Activity Trainer’s Guide, Participant Worksheet and Answer Key/Scoring Guide

EVALUATION PANEL

*Directions and Suggestions for Preparation of Staff*
Focus of phase 2 panel evaluations is to assess if participants a) know the critical safety intervention concepts b) can apply those concepts and c) and articulate their understanding. Participants will have 15 minutes to present their analysis of the case using the Find and Explain Drill structure.

Participants may choose either the case they prepared for the Individual Find and Explain Drill or a “real” case from their agency.

*If choosing a “real” case, participants must use the following documents to prepare for the evaluation:*
Participants should choose cases that allow ample opportunity to apply, discuss, and analyze safety concepts, but are not too overly complicated.

**Suggested Preparation:**
- Help participants challenge the sufficiency of information.
- Challenge participants’ ability to defend their findings.
- Support participants in not simply regurgitating information, but also including their analysis of and conclusions drawn from the information.
- Encourage participants to identify what information is missing and why the information is necessary.
- Help participants differentiate between what they MUST know to make a decision about safety versus what they would LIKE to know for future case planning.
- Allow participant opportunity to practice their presentation and provide feedback.

*See Safety Eval Panel Scoring Phase 2 Rubric (TR #2)*

**Family Teaming – Learning Objectives**
- Learn how to develop a team by building a trust based relationship with the family
- Learn how a worker can assist in establishing a vision of change with the family
- Identify key informal and formal supports that may help the family achieve their goal
- Learn how to prepare team members for the role and responsibility on the team
- Facilitate the steps of the child and family team meeting process
- Facilitate the case work process to maintain the team
OVERVIEW

Protective Capacity Family Assessment (PCFA)
Agency Day

PREPARATION

- Training Supervisors are to complete a PDP – Handout #1 with each participant based on below PCFA learning objectives prior to training

COURSES & ACTIVITIES

Protective Capacity Family Assessment (PCFA) – Learning Objectives

- To have a working knowledge of how Safety Concepts and Criteria apply to the case planning and case evaluation process
- To understand the purpose of the PCFA in relationship to a concept for caregiver change
- To have working knowledge of the PCFA structure and process
- To articulate a rational for change intervention during the PCFA Assessment and the Case Progress Evaluation
- To have the ability to complete a PCFA including the development of a Case Plan
- To have a working knowledge of the Case Progress Evaluation and the ability to complete a Case Progress Evaluation

AGENCY DAY OPTIONS

- Ongoing/Safety Services Field Activity

- Participants may be receiving or anticipating a new case at this time. They may begin the Preparation Phase and develop their strategies for their Introduction with the assistance of their training supervisor
OVERVIEW

PCFA Practica & Feedback Sessions

PREPARATION

None

COURSES & ACTIVITIES

PCFA Practice & Feedback Sessions
Training Supervisors must be familiar with objectives of the Introduction and Discovery stage of the PCFA process to give appropriate feedback to the group.

AGENCY DAY STRUCTURE - OPTIONS

- Shadow Ongoing worker in either the Introduction or Discovery phase of PCFA.
  - Participants should discuss which of the objectives of each phase were met or unmet and discuss how they will complete this process with their assigned case(s) using Intervention Stage 2 – Handout #7 and Intervention Stage 3 – Handout #8.

- Continuation of Case Assignment
Training Academy Week # 8

OVERVIEW

Field Integration Session
Interviewing for Child Welfare
Preparation for Panel Evaluation – Interview Strategic Plan

PREPARATION

- Training Supervisors are to complete a PDP – Handout #1 with each participant based on below Interviewing for Child Welfare learning objectives prior to training
- Preparation for Panel Evaluation

Field Integration Session (Monday Morning) – Trainer’s Instructions

Goals:

- Use field experiences to exemplify and deepen classroom lessons
- Help participants begin applying what they have learned by identifying how “classroom” concepts show up in actual case activity
- Answer participants’ questions about field experiences and how they relate to class material
- Help participants process their learning about organizational culture

Process:

Lead the group in a discussion of the following questions. Try to draw out at least 3-4 stories to get a good range of perspectives and lessons learned.

As participants answer/discuss, listen for links with the material they learned most recently. Help them identify the links. Also listen for those activities/observations that they found most significant, troubling or otherwise memorable. Are these the “right” priorities in terms of safety intervention? Re-direct as needed, helping participants to understand when memorable events are actually important to families, when they are distractions and when they tell you things about how organizations function that you may need to know to work successfully with families.

Questions:
(1) What did you do during your agency time?

(2) What were some of the most significant things you did/observed? What makes these events “significant” in your mind?

(3) What did you do/observe that relates to what you learned in class last week/last time you were in class? (Note: You will want to name some of the concepts last learned)

(4) What questions do you have about what you did/observed? Were there things that surprised you? Confused you? Seemed to contradict what you have learned so far?

(5) Based on your experience, what do you want to learn more about? What do you want to practice more, either in class or in the agency?

(6) What insights do you now have about what it means to be a case manager/IASW that you didn’t see before?

Interviewing for Child Welfare – Learning Objectives

- Develop a trusting relationship with the family and provide a forum through assessment for the family’s voice and story to be heard.
- Develop a framework for reducing risk and increasing the prospect for permanency.
- Develop the skills to increase competence in the completion of Initial Assessments.
- Develop a family team that is:
  - Identified and formed from the beginning of the case
  - The forum for assessment
  - The forum for consensus, decisions, plans and actions
- Develop a skilled approach to assessment through the use of specific assessment tools, selecting from a variety of the strengths-based tools appropriate for each family team. These include:
  - Respect, Empathy, Genuineness, Competence
  - Use of the Functional Assessment Guide
  - Strengths and Needs Assessment
  - Genogram, Ecomap, Ethnographic Interviewing
  - Solution-Focused Interviewing
  - Specialized Assessments for Substance Abuse and Domestic Violence
  - Assessment of Impact of Separation and Loss
  - To create a long-term view that connects risk issues and underlying needs to both short and long term goals for the family
- Integrate risk and safety assessments in the ongoing process of meeting the family’s immediate and long-term needs
- Use the five steps of assessment to critically think while:
  - Gathering relevant information
Training Academy Week # 8

• Analyzing the information
• Drawing conclusions
• Making decisions
• Creating and implementing strategies or plans

Preparation for Panel Evaluation (Thursday PM)

Phase 3 Evaluation—Interview Strategic Plan

Participants will prepare and an interview before the review panel. Each participant will be given a scenario. They will be told to complete an “Interview Strategic Plan” worksheet in preparation for the interview. They will conduct a 15 minute first contact interview with the parent in the scenario.

Level 1 Worksheet Evaluation

The participant’s preparation worksheet reveals thoughtful review of the scenario listing an opening expression intended to join with the client; their understanding of one problem; one point of information to clarify that will enable the client to move forward in the change process; an understanding of what the client needs from the interviewer and one technique they will use during the interview.

Level 2 Worksheet Evaluation

The participant’s preparation worksheet reveals thoughtful review of the scenario listing an opening expression intended to join with the client; a clearly expressed understanding of one problem; one strength identified from the scenario they will use to join with the client; a clear strategy intended to enable the client to move forward in the change process; an understanding of what the client needs from the interviewer and at least two Exploring skills and one Focusing skill technique identified they will use during the interview.

Level 3 Worksheet Evaluation

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The participant’s preparation worksheet reveals thoughtful review of the scenario listing an opening expression intended to join with the client; a clearly expressed understanding of problems as a threat to child safety; identified strengths from the scenario, as protective capacities and possible resources, they will use to join with the client and their family; a clear strategy intended to enable the client to move forward in the change process; identified two things the client needs from the interviewer and at least two Exploring skills and one Focusing skill technique identified they will use during the interview.

Training Team Supervisors will assist participants in creating their plan for evaluation with an actor. See “Safety Eval Panel for Ongoing and IA-Phase 3” (TR #4 & #TR#5) for guidelines in how to structure the 15 minute interview. Training Team Supervisors should pay particular attention to helping participants develop a strong, clear statement of their role with the family and the safety concern that has the BMCW involved with the family, as this if often an area new workers struggle with.
OVERVIEW

Case Reviews

PREPARATION

Training Supervisors should review the below readiness questions and the rubric to help identify which case will best exemplify the participant’s knowledge of the criteria in the 15 minutes allotted.

COURSES & ACTIVITIES

Case Reviews

Participants and Training Supervisor will return to MCWP on Friday afternoons for case review sessions. Training Supervisors are to help participants with case selection and readiness for this activity. The case that is presented at the case review will be the case used in the same manner for the Phase 4 Evaluation Panel.
READINESS REVIEW PANEL CASE PRESENTATION SHEET

You will have 15 minutes to present your case to the panel. Time limits will be strictly enforced!!

Directions:

- Choose one of your cases to present to the Panel
- Prepare answers to each of the following questions.
- You may have notes but should not read them word for word to the panel.

Presentation Questions:

Initial Assessment:

- Who is the family and why is this family opened for CPS?
- At the initial face-to-face contact, how did you determine if present danger did or did not exist? If you identified present danger, what was it and what protective action did you take?
- What are the impending danger threats and how do they cross the danger threshold? Apply all 5 criteria. If there is NOT an impending danger threat, what negative family conditions appear to coincide with an impending danger threat and how do they NOT cross the safety threshold? Apply all 5 criteria.
- If you identified impending danger threats, how does the safety plan control for them? If you did NOT identify impending danger threats, what action should be taken to the family condition identified?
- What are the parental protective capacities you identified in each caregiver? What protective capacities did you find to be diminished? Justify your answer with concrete information.

Ongoing/Safety Services:

- Who is the family and what are the danger threats that have BMCW involved? Apply danger threshold criteria to each impending danger threat being considered and explain why is does or does not cross the danger threshold.
- What parental protective capacities have been identified as or are suspected of being diminished?
- What is the safety plan? How does it control for the safety threats identified in this family at the lowest level of intrusion possible?
- What stage of change is each caregiver in for one of the targeted behaviors or conditions you identified must change? What do you as a case manager need to do to support each caregiver’s change from where they currently are?
- How does (or should) the case plan reflect the stage of change this family is currently in?
OVERVIEW

Effects of Abuse and Neglect
Separation, Placement & Permanence
Case Practice with American Indian Tribes

PREPARATION

None

COURSES & ACTIVITIES

Effects of Abuse and Neglect – Learning Objectives

• The worker understands typical child development and how it is essential to understand for the outcomes of safety, permanency, and well-being.
  o Explains how child development is linked to the outcomes of safety, permanency, and well-being.
  o Describes typical child development milestones in each developmental stage.
  o Explains the influence of heredity, environment, and culture on child development.
• The worker understands the effects of child maltreatment on brain development.
  o Describes the potential impact of child maltreatment on the brain.
  o Describes the brain’s response to trauma and stress.
  o Explains the brain functionality when exposed to trauma and stress.
• The worker understands how child maltreatment affects child development.
  o Distinguishes child development issues in pictures of children with injuries/conditions that may have resulted from child abuse and neglect.
  o Explains the effects of child maltreatment on the domains of physical, cognitive/language, and psycho-social development during infancy.
  o Explains the effects of child maltreatment on the domains of physical, cognitive/language, and psycho-social development during the toddler years.
  o Explains the effects of child maltreatment on the domains of physical, cognitive/language, and psycho-social development during the preschool years.
  o Explains the effects of child maltreatment on the domains of physical, cognitive/language, and psycho-social development during the school-age years.
  o Explains the effects of child maltreatment on the domains of physical, cognitive/language, and psycho-social development during adolescence.
• The worker has an awareness of the effects out-of-home placements may have on children’s behavior and affect.
  o Describes the potential impact of out-of-home placement on infants.
  o Describes the potential impact of out-of-home placement on toddlers.
  o Describes the potential impact of out-of-home placement on preschoolers.
  o Describes the potential impact of out-of-home placement on school-age children.
  o Describes the potential impact of out-of-home placement on adolescents.

• The worker understands how culture impacts child development and vice versa.
  o Describes the stages of ethnic identity development.
  o Explains how cultural issues may influence the assessment and service provision for infants.
  o Explains how cultural issues may influence the assessment and service provision for toddlers.
  o Explains how cultural issues may influence the assessment and service provision for preschoolers.
  o Explains how cultural issues may influence the assessment and service provision for school-age children.
  o Explains how cultural issues may influence the assessment and service provision for adolescents.

• The worker understands attachment issues.
  o Describes the types of attachment.
  o Describes controversial aspects of practice related to attachment.
  o Explains recommendations regarding attachment that should be attended to when providing services to children with attachment issues.
  o Describes how attachment issues may impact children at various developmental levels.

• The worker has an awareness of the developmental disabilities and child development.
  o Defines terms related to developmental disabilities.
  o Describes behaviors of children that may indicate further assessment for autism.
  o Describes resources available in the local area to address developmental disabilities.

• The worker knows the philosophical approach for intervention.
  o Explains the principles that guide all case planning and service intervention.
  o Describes the generalist social work model.

• The worker is able to include developmental issues in the case planning process.

• The worker is able to identify and recommend strategies for intervention and knows how to make appropriate referrals for developmental assessment and services.
  o Explains Wisconsin policy related to developmental screening and intervention.
  o Describes issues related to child development and corresponding services to address those issues.
Training Academy Weeks # 13-52

• The worker knows how children’s behavior may be indicators of underlying developmental needs and can communicate this information effectively with parents and caregivers.

• The worker is aware of her/his role to share information with parents, foster parents, and caregivers on developmentally appropriate expectations for children and culturally relevant parenting practices and resources.

• The worker can demonstrate the appropriate use of child specific developmental and behavioral information when documenting child functioning throughout the case process.
  o Identifies protective, safety/risk, and developmental issues in a referral within a case scenario.
  o Identifies protective, safety/risk, and developmental issues in an investigation within a case scenario.
  o Able to interview to elicit more information about protective, risk/safety, and developmental issues in a case scenario.
  o Able to develop a case plan to address safety/risk and developmental issues from a case scenario.
  o Able to interview parents to assess progress on safety/risk and developmental issues from a case scenario.
  o Employs casework strategies that illustrate the principles of being family-centered, strengths-based, and culturally-responsive in a case scenario.

Separation, Placement and Permanency – Learning Objectives

Because they understand the very likely negative consequences for children and their families when the child is removed from their home, participants will:

• Know that they should remove a child from their home only when absolutely necessary for the safety of the child. In order to meet this competency, at the end of the workshop, participants will:
  o Understand the likely emotional impact of separating a child from his/her family on the whole family.
  o Have a basic knowledge of how parent-child attachment is affected by placement.
  o Have a basic understanding of how children and their parents manifest their grief at the loss resulting from placement.

• Know a variety of strategies and techniques to minimize the negative effects of placing children outside of their home. They will be able to:
  o Identify ways to avoid unnecessary placements.
  o Describe ways to maintain and even enhance parent-child attachment when the child is placed.
Training Academy Weeks # 13-52

- Describe ways to minimize the trauma of separation.

- Participants will have a basic knowledge of the legal requirements and best practice related to permanence. In order to meet this competency, at the end of the workshop participants will:
  - Have a basic understanding of the reasons why permanence is such a vital component in our work with children and their families.
  - Have a beginning knowledge of how to do effective Permanency Planning.
  - Have a beginning knowledge of how to do effective Concurrent Planning

- Participants will have basic knowledge of the legal and best practice issues involved in the process of placing a child out of their home. Participants will understand factors that need to be taken into account when choosing a placement. They will:
  - Know those factors that meet the requirements for placement related to being closest to their home/family including least restrictive requirements.
  - Know strategies for matching the needs of the child with potential placements.
  - Have a basic understanding of requirements related to:
    - I.C.W.A.
    - M.E.P.A.
    - Kinship care
    - Sibling placements
  - Know strategies for preparing those persons involved in placement in a way that is engaging and which minimizes trauma including:
    - The child’s family
    - The caregiver
    - The child

- Participants will understand how to enhance the possibility of achieving permanence when a child is in placement including:
  - Family interaction
  - Foster parent involvement
  - Minimize disruptions
  - When a child cannot return home

- Participants will have a basic knowledge about the other permanence outcomes including:
  - Guardianship
  - Adoption
  - Independent Living

- Participants will know healthy ways to handle their own feelings as they relate to separation, placement and permanence for children.
Case Practice with American Indian Tribes – Learning Objectives

- Understand the justification and legislative intent of the Wisconsin Indian Child Welfare Act & ICWA
- Understand Indian culture and how to work effectively with American Indian families
- Able to facilitate the implementation of the WICWA & ICWA in cases involving American Indian children
- Able to identify and access resources necessary to assist in the implementation of WICWA & ICWA
- Able to work collaboratively with tribal partners to offer culturally-specific services to American Indian families
ACTIVITIES

Learning Objectives

The following are to be done in weekly supervision with the permanent supervisor in conjunction of support in the field by the mentor/lead/experienced team member. Joint supervision with the training supervisor should be done at least monthly with the formal process of completing/reviewing field observations using the *Field Observation Tool – Handout #9.*

- Maintain focus on child safety at all points of case process
- Reassessing safety when case circumstances and standards dictate (i.e.: new referral, failed safety plan, case circumstances/progress)
- Assuring that all case participants understand and fulfill their roles appropriately
- Establishing, to the extent possible, a partnership with family members to assure child safety and facilitate necessary change
- Deciding with supervisory approval when court action is necessary
- Present information to the family about the Children’s Court process and vice versa
- Providing documents that are factual, clear and concise to agency’s standards
- Assuring the agency case record is current
New Staff Safety Intervention Training Academy

Supervisor Guidebook
Appendix

Milwaukee Child Welfare Partnership
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**Tests and Rubrics**

*Phase 2*
TR #1 – Safety Intervention Evaluation of Learning
TR #2 – Safety Eval Panel Scoring – Phase 2 Rubric
TR #3 – Phase 2 Rubric Trainer Preparation Guide

*Phase 3*
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TR #5 – Phase 3 Rubric Trainer Preparation Guide

*Phase 4*
TR #6 – Readiness Review Panel for Ongoing
TR #7 – Readiness Review Panel for IA
TR #8 – Phase 4 Ongoing Rubric Trainer Preparation Guide

**Answer Keys**
Answer keys are available in a separate document not accessible by case workers.
Introduction to Child Welfare

- Section One - Government Impact Levels (8 min.)
- Section Two - Philosophical Base of Child Welfare (6 min.)
- Section Three - Ethical Standards (22 min.)
- Section Four - Worker Safety (13 min.)
- Section Five - eWiSACWIS

Engaging Families

- Section One – Engaging (Working with) Families (13 min.)

Safety

- Section One - The Basics (30-60 min.)
- Section Two - Present Danger Threats (30-60 min.)
- Section Three - Responding to Present Danger Threats (60-90 min.)
- Section Four - Impending Danger Threats (30 min.)

Development & Dynamics of Human Behavior

- Section One - Child Development (12 min.)
- Section Two - Dynamics of Maltreatment (13 min.)
- Section Three - Effects of Maltreatment (9 min.)
- Section Four - Signs of Abuse / Neglect (10 min.)
- Section Five - Separation and Loss (6 min.)
- Section Six - Domestic Violence (21 min.)

Access

- Section One - Information Gathering, Access Standards, Screening Criteria (17 min.)

Court

- Section One - Court Protocol for Removing a Child (10-15 min.)
- Section Two - Children's Court and Court Process (25-35 min.)
- Section Three - Preparation for Court (10 min.)

Initial Assessment

- Section One - Initial Assessment (70-90 min.)

Ongoing Services (60 minutes)

- Section One - Orientation to On-Going Services
- Section Two - Cases from Initial Assessment to On-Going Services
- Section Three - Case Planning

Permanency

- Section One - Permanency Planning (15 min.)
- Section Two - Indian Child Welfare Act (ICWA) (8 min.)
- Section Three - Multi-Ethnic Placement Act (MEPA) (8 min.)
Online Module: Introduction to Child Welfare

Goal: After all 5 sections have been completed, facilitate the following activities and discussion to facilitate understanding key concepts from this module.

Key points in Section 1: Government

1. **Group Discussion** – Discuss the impact of government involvement with child welfare practice (funding, services and programs, standards, penalties)

   **Trainer Tip:** Government provides CPS with the power to make decisions on children’s behalf when their parents are not acting in their best interest (or breaking the law). Government provides practice standards, guides decision making, policies, etc. Government provides funding to operate.

2. **Group Activity:** Guide staff through the “links” to the Wisconsin Statutes website. In a general way through examples navigate staff through how to read Chapter 48.

Key points in Section 2: Philosophical Base

1. **Group Discussion** – ask staff for the answers to, “what are the two philosophical bases” that were discussed in this section (family centered and strength based). Have discussion related to each persons belief related to these principles; the benefits if these bases are practiced; and the challenges in practicing these bases.

   **Trainer Tip:** Possible benefits could be a positive working relationship, quicker results if client’s goals are their own and family centered, identifying and using strengths provides building blocks for positive change. Approaches involved families in the decision making process.

   Possible challenges could be that when using a family centered approach you discover severe dysfunction amongst various relationships in the family structure. This can make the work much more complex. CPS often enters people’s lives at their darkest moments and you must engage clients to find their functional strengths - this can take time and clients may be resistive to opening up to their worker

Key points in Section 3: Ethical Standards

1. **Group Discussion** – discuss in a general manner professional expectations as it relates to treatment of clients, dual relationships, boundaries, gift acceptance and confidentiality. Inform staff that all are bound to the Code of Ethics through NASW, regardless to the type of degree one currently holds.

   **Trainer Tip:** If is very useful to use your own examples of how these have entered your own practice so workers these are real issues they may face – like being invited to an adoption party, birthday party for a child on your caseload or graduation. Ask workers about prior work experience where they may have encountered an ethical dilemma.

2. **Group Activity:** Guide staff through the questions they wrote down from Slide 29 “Ethical Practice in Child Welfare, Questions for your Supervisor”. Have them try to come up with where they could turn to for information on ethical standards (NASW Code of Ethics, MPSW 20, HR Policy/Procedure)

Key points in Section 4: Worker Safety

1. **Group Discussion** – What is the protocol for assistance in the field, afterhours, etc.
2. **Group Activity:** Either as a large group or broken into small groups, have participants come up with methods to protect for worker safety with the following scenarios:

- A client is upset with the Judge’s decision to maintain his children in out-of-home care and you for supporting the decision. You overhear the client talking to relatives about waiting for you outside the courthouse.

- Upon arriving for your home visit the client answers the door with red eyes, slurred speech and appears agitated.

- While conducting a home visit you notice a group of people have entered the home from the back door. To your knowledge the client lives alone.

- At a Wraparound Plan of Care your teenage client with severe mental health disabilities begins to rage. He starts to throw the papers around from the table and seems to be thinking about throwing chairs next.

**Trainer Tip:** General worker safety tips  
Be aware of surrounding – in the office, at home visits, when transporting  
Have suggestions for deescalating  
Take protective actions – prepare for client, don’t take things personally, stay calm, start with respect and stay with respect, avoid power struggles, end visits firmly and quickly if necessary  
When traveling always park in well lit area, walk with someone to your car, hide and lock valuables in trunk, remove items that may identify you  
Exercise caution around animals
Online Module: Engagement

Goal: Workers should examine how they intend on building strong, professional relationships with their clients. Trainer supervisors should insert experiential information to have workers think about the kinds of families they will encounter and how they would act in that situation.

Engagement: (only 1 section)

1. **Group Discussion**- Discuss the 3 essentials of relationships, empathy, respect and genuineness. Ask for examples when displayed as well as how it is not displayed.

   **Trainer Tip:**

   **Examples**
   - **Empathy** – Caring about how client feels, acknowledge their emotions, encourage discussion, non-defensive stance, understanding client’s point of view, paying attention to verbal and non verbal cues, discussing what’s important to the family
   - **Respect** – Asking permission to enter home, taking off shoes is household practice, asking to sit, allowing client to choose where in the home they would like to talk, saying please and thank you
   - **Genuineness** – Honestly without being insensitive, matching verbal and non verbal responses, acknowledging the nature of our work, clarity with our legal authority

2. **Group Discussion**- Discuss the professional courtesies and techniques in slides 10 and 11.

   **Trainer Tip:** Look for ideas around accommodating time, preparing for meetings, explaining why you are going to take notes (have them give examples of how they would explain this), explain what will happen with notes, limit interruptions and rescheduling, explain confidentiality and its limits

3. **Group Activity:** In pairs or groups of 3 trainees will create a list of barriers that a case manager could experience when working with a family. For each barrier, the group will identify 1-2 strategies to address each barrier. A case scenario should be prepared to demonstrate one of the identified strategies. Be sure to demonstrate the 3 essentials of relationships.

   **Trainer Tip:**

<table>
<thead>
<tr>
<th>Possible Barriers</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Topic</td>
<td>Suggestion</td>
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<td>-----------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Prior experience with CPS</td>
<td>Explore past experience – positive or negative, ask them about their current fears</td>
</tr>
<tr>
<td>Nature and use of authority</td>
<td>Find balance between helper and authority, honesty about role, know boundaries</td>
</tr>
<tr>
<td>Culture of the family</td>
<td>Don’t make assumptions, ask open ended questions about how the family works – make sure to include extended family as they may be helpful</td>
</tr>
</tbody>
</table>
Online Module: Safety

After Section 1 and Section 2 completion

***Provide participants with copies of the parental protective capacities and safety intervention standards glossary PRIOR to completion of the safety modules

1. **Activity:** Using flip chart paper, staff will complete the sheets on the wall for the following definitions (safe/unsafe, parental protective capacities, danger threshold, present and impending dangers). Have staff write the definition as they would explain these terms to a family.

   **Trainer Tip:** The following are the key words that each definition should include
   - **Safe** – no danger threats, protective parent or caregiver
   - **Unsafe** – exposed to present or impending danger, lack of protective caregiver with sufficient parental capacities
   - **Parental Protective Capacities** – cognitive, emotional, behavioral traits/skills/behaviors of a protective caregiver
   - **Danger Threshold** – means by which family condition can be judges to determine safety threat or risk, assessment of observation, vulnerable child, out of control, imminent, and severity that if crossed means analysis must continue
   - **Present Danger** – immediate, significant, clearly observable family condition actively occurring at point of contact, likely resulting in severe harm to child
   - **Impending Danger** – foreseeable danger, family behaviors, attitudes, motives, emotions and/or situation pose a threat, actively occurring or anticipated to occur and will have severe effects on child in near future

2. **Group Process** - the definitions

3. **Group Process** - Section 1, Slide #8 activity “Parent’s Safety Role Worksheet”

   **Trainer Tip** – Use protective capacity handout when discussing. Staff should be using their own words to describe emotional, cognitive and behavioral aspects of what safe parenting looks like

4. Break for lunch

**Beginning of Afternoon**

- **Activity:** Title a flip chart “Vulnerable Child”. Participants should provide criteria that make a child vulnerable.

   **Trainer Tip:** The following should be discussed - Age, Physical Disability, Mental Disability, Provocative, Powerless, Defenseless, Non Assertive, Illness, Invisible. Use Safety Appendix 2, The Vulnerable Child for definitions. Make link to danger threats and how the second question to be asked is “if there is a vulnerable child to the danger threat”.

- **Optional Activity:** Parental Protective Capacities case scenario (Section 1, Slide #14 Inglehoff-Carson Case Study Worksheet). Protective Capacities are no longer discussed in Safety Foundation. They will be outlined in Protective Capacity Family Assessment training. There is no right or wrong answers for this activity, however, staff should include reasons for choosing their protective capacities and they should have case information to back them up. Look for functional strengths.
Trainer Tip: Possible protective capacities for Jill:
Jill is adaptive as caregiver. She did not intend on being a single parent but has made adjustments as necessary. She has been flexible – tried to keep Hannah out of daycare but started working when necessary.

Jill uses resources necessary to meet the child’s basic needs. Up until recently Jill has utilized various community resources to meet basic needs – daycare assistance, WIC and health insurance.

Jill is aligned with Hannah. She is highly connected to her child and understands her responsibility as it relates to the child’s safety and well-being. Jill articulated that Hannah depends on her and states she is the most important thing in her life.

Could also use same criteria to say that Jill and child have a strong bond and the parent is clear the number one priority is the child.

- Staff will complete Section 3 only

After Section 3 completion

1. Activity: Section 2, Slide #15 Present Danger Worksheet – break up into groups of 2 or 3 and assign 2-3 present danger threats in each section per group. Make sure you have a vulnerable child in each scenario.

2. Group Process

3. Review – information on responding to present dangers

Trainer Tip:
Make sure to include what a protective is and what it seeks to accomplish using standards – an immediate, short-term action that protects a child from present danger threats in order to allow completion of the initial assessment/investigation and, if needed, the implementation of a safety plan.

In order for a protective plan to be sufficient it must include – immediate action, control present danger, short-term/stop gap, compensate for diminished protective capacities, requires parental willingness to implement, uses family network as much as possible, use both informal and formal providers, may require placement.

4. Activity: Staff can create protective plans based on information in the module. Use the CPS report for the Roger Pugent case, as well as the Reporter Narrative. Staff should begin by discussing possible present danger threats at Access.

Trainer Tip: Possible present dangers for Pugent case
Child has multiple/different kinds of injuries – Roger hits Kristiann on back, buttocks, arms or legs.
Child needs medical attention now – Kristiann is currently having difficulty/pain when sitting.
Child is fearful or anxious of the home situation now – reporter indicated child flinches when he talks. Has rocking/nervous behavior.

5. Staff will complete Section 4

After Section 4 completion

1. Hand out – impending danger threats and definition sheet, review each for accurate understanding
2. **Activity:** Impending Danger Threats Scenarios – Slide #8 Scenario Activity

**Trainer Tip:** Not necessarily a right or wrong answers but look for staff to use examples/bullets within the definition to make connection to their answers.

Possible selections

2. **Best** – One or both parents’ behavior is dangerously impulsive or they will not/cannot control their behavior. Parent spends money impulsively resulting in a lack of basic necessities. Parent has addictive patterns or behaviors (gambling) that are uncontrolled and leaves the child in potentially severe situations – no food in house, possible eviction

3. **Best** – Living arrangements seriously endanger the child’s physical health. Occupants in the home, activity within the home, or traffic in and out of the home presents specific threat to a child that could result in severe consequences to the child

4. **Best** - One or both parents/caregivers are violent. Domestic Violence: Parent/caregiver threatens attacks or injures their partner and the child attempts or may attempt to intervene.

5. **Best** – One or both parents have extremely negative perceptions of the child. Child is perceived as having the same characteristics as someone the parent hates or is fearful of or hostile towards, and the parent transfers feelings and perception to the child. Child is considered to be punishing the parent.

6. **Best** – The child has exceptional needs which the parent cannot/will not meet. Parent views the condition as less serious than it is. Parents expectations of the child are totally unrealistic in view of the child’s condition

7. **Best** - One or both parents/caregivers intend(ed) to seriously hurt the child. The incident was planned or had an element of premeditation. The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury

8. **Best** – One or both parents fear they will maltreat the child and/or request placement. Parent describes conditions or situations that stimulate them to think about maltreating the child. Parent is distressed or “at the end of their rope” and are asking for relief in either specific or general terms.

9. **Best** – No adult in the home will perform parental duties and responsibilities. Parent has abandoned the child. Parent arranged care by an adult, but their whereabouts are unknown or they have not returned according to plan, and the current caregiver is asking for relief

10. One or both parents lack parenting knowledge, skill or motivation necessary to assure the child’s basic needs are met. Parents expectations of the child far exceed the child’s capacity thereby placing the child in situations that could result in severe consequences
Online Module: Development and Dynamics of Human Behavior

Goal: Workers should begin to understand the differences between age groups and normal behaviors/development versus maltreated children. The activities should begin to highlight what will be expected of workers in the field when assessing and documenting safe/unsafe children.

After completion of all 6 sections

1. **Section 1 Activity:** Break participants into small groups. Staff will write down a developmental milestone on each sheet on the wall for the following domains (physical, cognitive, social and emotional – per age group)

Trainer Tip: The below are examples

**Birth to 3**
- **Physical** – babies; simple reflexes like sucking and grasping, lifting/turning head, making vowel sounds, tracking items, sitting, crawling, 12 months average age for walking, says mama, dada, holds and drinks from cup. **Toddlers;** walking, running, climbing, holds crayons and small objects
- **Cognitive** – vocalizes when talked to, may say one or two words by 12 months, imitates sounds, responds to own name, achieves object permanence around 12 months, takes things apart, says at least 6 words by 18 months, communicates by pointing
- **Social** – babies prefer to look at human faces, recognizes mother’s voice, likes being held/rocked, beginning to smile between 2 and 4 months, cries when annoyed, laughs out loud by 8 months, patty cake, peek-a-boo, repeats sounds made by others
- **Emotional** – The infant is very tuned in to verbal and nonverbal cues, which communicate affection or rejection; the infant is determining his/her place in the world. The attachment relationship is being formed and by 12-18 months, the child knows how s/he is “valued”. Stranger anxiety around 5-6 months. Separation anxiety around 8-10 months

**3 to 6**
- **Physical** – runs well, feeds self well, pours from pitcher, puts on socks, buttons/unbuttons, draws circles, self-sufficient in many home routines, washes and dries face, dresses self, hops and skips, rides a bike, prints simple letters, can tie shoes
- **Cognitive** – vocabulary between 900 words (age 3) and 2,000 words (age 5), uses sentences, uses words to express thoughts, matches primary colors, recognizes sizes and shapes, imaginative, toilet trained, endless questions, dramatic, tells long stories, can follow directions
- **Social** – parallel play, but likes being around others, can take turns, group activities, toys are focus of play, cooperative play, understands rules, has “special” friends, can play simple board games, eager to take on responsibility
- **Emotional** – more easy going, less resistant to change, greater sense of personal identity, beginning to explore environment, imaginary friends, can be reckless in behavior, may be defiant, needs limits, home-centered

**6 to 12**
- **Physical** – growth slow but steady, active, energetic, lots of motion, prime time for developing gross and fine motor skills necessary for sports and music, can perform complex motor activities (skateboard, gymnastics, piano)
• **Cognitive** – “five to seven shift” use language as tool to enhance communication, recognize the difference between behavior and intent, good time to learn foreign language, read and write, concepts of time and numbers, abstract thinking

• **Social** – expanding world, best friends and peer groups, fairness is important, understanding of rules and social roles, notices gender differences

• **Emotional** – fear of the unknown, sensitive to criticism, still loses control or emotions, good/bad defined by family values, often attached to an adult, gains pleasure from results or own efforts, can delay gratification

**Adolescence**

• **Physical** – rapid gains in height and weight, muscles, body hair, can be clumsy, sexually mature, final sculpting of brain

• **Cognitive** – developing advanced reasoning skills, able to demonstrate higher level of thinking skills in situations of “cold cognition”, less able to do so in emotional situations, more likely to display affect regulation, understands consequences of behaviors and act appropriately even in emotionally-laden situations, however, for many, this is still a developing capacity

• **Social** – distancing from parents, identification with peers and peer standards, social status related to group membership, intimate relationships

• **Emotional** – adolescent behavior is largely driven by emotions, especially in situations of high emotional intensity and in the presence of peers. In situations of high emotional intensity, cognitive development hasn’t proceeded to the point where adolescents are in full control of their behaviors; establishing personal identity, autonomy, comfort with one’s own sexuality, sense of accomplishment through using one’s own individual skills, talents and abilities

2. **Highlight**: Section 2 – Risk factors. Which group is most at risk and why?

**Trainer Tip**: Birth to 3 are most vulnerable to maltreatment, especially neglect. Their small size, early development status (inability to communicate or flee), and need for constant care make them the most vulnerable. Shaken Baby and Failure to Thrive are most common amongst young children. Teenagers are most at risk for sexual abuse.

3. **Section 3 Activity**: Staff will break up into groups and write down at least 2 effects of maltreatment on development for each age group.

**Trainer Tip:**

**Birth to 3** – Physical; delays in both fine and motor skills, sleep problems, internal injuries, intense sexualized feelings. Cognitive; apathetic and lacks curiosity, delayed speech sounds, does not explore the environment/immobile, developmental delays. Social/Emotional; failure to form secure attachments, often anxious or alert, appears helpless or passive, avoids or is traumatized by reminders of abuse.

**3 to 6** – Physical; delayed or absent motor skills, poor muscle coordination, sleep problems, complaints or aches or pains that have no physical basis, problems with toilet training. Cognitive; speech delayed, absent or difficult to understand, may understand language better than expressing it, short attention span (<10 mins) and difficulty concentrating, images of traumatic events the child is unable to talk about. Social/Emotional; trauma is acted out in child’s play, overly physically or sexually aggressive when interacting, may lose interest in activities or be overly fearful and anxious.

**6 to 12** – Physical; toileting accidents, early onset of puberty, problems with hygiene and self care, other physical problems in previous stages. Cognitive; memories of trauma, poor academic performance, ordinary
life events become associated with the trauma. Social/Emotional; anxious or fearful of event happening again, fears/doesn’t trust most adults, intense negative feelings regarding the maltreatment, may be able to talk about the abuse, extreme behaviors, sexually harmful behaviors.

Adolescence – Physical; accident prone, eating disorders, hygiene issues. Cognitive; memories and images of the trauma affect child’s day-to-day life, poor performance on cognitive tasks, low standardized test scores and grades, more frequent “flashback” episodes. Social/Emotional; overwhelming sense of shame, guilt, humiliation, may wish for revenge, more prone to depression and pessimism, self harming thoughts or acts/suicidal, may not want to grow up or leave family, prematurely take on role as adult

4. **Highlight:** Section 4 Signs of Abuse (2-3, 5-7, 9, 11-13). Differentiate signs of physical abuse, sexual abuse and neglect. This could also be done as a small group activity and discussed as a large group.

**Trainer Tip:**

**Physical Abuse** – unexplained burns, bites, bruises, broken bones, or black eyes; fading bruises or other marks noticeable after an absence from school; seems frightened of the parents and protests or cries when it is time to go home; shrinks at the approach of adults; reports injury by a parent or another adult caregiver

**Neglect** – frequently absent from school; begs or steals food or money; lacks needed medical or dental care, immunizations, or glasses; consistently dirty and has severe body odor; lacks sufficient clothing for weather; abuses alcohol or drugs; states there is no one at home to provide care

**Sexual Abuse** – difficulty walking or sitting; suddenly refuses to change for gym or to participate in physical activities; reports nightmares or bedwetting; experiences a sudden change in appetite; demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior; becomes pregnant or contracts a venereal disease, particularly if under age 14; runs away; reports sexual abuse by a parent or other caregiver

5. **Highlight:** Section 6 Domestic Violence – (2, 4, 7, 25)

6. **Group Discussion** – Talk with participants about their thoughts and feelings in regards to removing a child from their home. What can workers do to minimize the negative effects of placement – before placing, during, and after?

**Trainer Tip:** Look for thoughtfulness in answers the demonstrate workers are truly thinking about the event which will likely occur in their work.

Information from Slide 10 in Section 5 includes:

- Placing with familiar people – Discuss how this will likely result in children staying with someone who has some of the same family culture, perhaps common family values, ethnicity, or environment/neighborhood
- Explain reasons for placement – To the parent and to the child in an age appropriate manner. Discuss how older children are often very much aware of the dangerous behaviors or activities in the home
- Arrange pre-placement visits – If the parent can go along to see the placement this could benefit the child by preventing some of the fear as well as developing a relationship and communication between parent and out-of-home care provider
- Help child select/keep favorite possessions – If parents help with the process it can ease the transition for the child. Ask about comfort items in particular.
- Encourage child to ask questions and talk about needs
- Allow frequent visits
Online Module: Access

Access: after Section 1 (only 1 section) completion

Goal: Become familiar with the role of Access, the role of a mandated reporter and understand the information needed for a thorough Access report

1. **Instructor led Activity:** go to DCF website home page, then select “report child abuse” tab to see how to contact other counties when functioning as a mandated reporter.

2. **Instructor led Discussion:** looking at slide 14 connect being a mandated reporter to what information Access must gather from the reporter (slide 23). Hand out “What type of information should a reporter have prepared to give an Access worker?”

3. **Group Activity:** In pairs or groups of 3 have the trainees create a case scenario that will include all the information (the listing of 10 below) a CM should have prepared to give to an Access worker?

   1. Description of the allegations. This includes current and past maltreatment allegations, the surrounding circumstances, and the frequency of the alleged maltreatment or the intervention or services needed for the child.
   2. The child’s injury or condition as a result of the alleged maltreatment and, if known, the services needed.
   3. Information that the child may be of American Indian heritage.
   4. Description of the child’s current location, functioning, including special needs, if any, and current vulnerability.
   5. Description of any present danger threats including a description of possible/likely emergency circumstances.
   6. Name, age, gender, race, and ethnicity for all members of the household and their relationship to each other, the family’s address and phone number, the adults’ places of employment, and the child’s school or childcare, when applicable.
   7. The presence of domestic violence, if applicable, including the demonstration of power, control and entitlement within the home environment.
   8. How the family may respond to intervention by the agency, including the parental protective capacities.
   9. The reporter's name, relationship to the family, motivation and source of information, if possible.
   10. The names and contact information of other people with information regarding the child or family.

**Trainer Tip:** You’re looking for scenarios that encompass good detail that will offer insight to how workers will look at situations, document them, and report them either to Access or even to their Supervisor. You may choose to take this to the next level by asking the rest of the group if they see the scenario as one that would be “screened in” or “screened out” to begin discussion of safety versus risk situations

4. **Group Activity:** Trainees will receive a copy of an Access Report (the training family from the Safety Online Module “Roger Pugent”) and will have to read it, then identify (highlight) the present and impending danger threats that are documented in the report. Also ask trainees to evaluate if this Access
report has all of the “Information that Must be Gathered and Documented in All Cases”, if not what is missing.

5. **Group Process** – Primary, Secondary and Non-Caregivers: why is that important to know the “whom” of the Access referral for Ongoing? for OHC? for Safety Services?
Access Module

Goal: Discuss the below information with the group either in a large group or broken into small groups. Workers should begin to think about what information goes into an Access report as well as what information they may need on hand or how to access the info if calling in their own report.

What type of information should a reporter have prepared to give to an Access worker?

1. Description of the allegations. This includes current and past maltreatment allegations, the surrounding circumstances, and the frequency of the alleged maltreatment or the intervention or services needed for the child.

2. The child’s injury or condition as a result of the alleged maltreatment and, if known, the services needed.

3. Information that the child may be of American Indian heritage.

4. Description of the child’s current location, functioning, including special needs, if any, and current vulnerability.

5. Description of any present danger threats including a description of possible/likely emergency circumstances.

6. Name, age, gender, race, and ethnicity for all members of the household and their relationship to each other, the family’s address and phone number, the adults’ places of employment, and the child’s school or childcare, when applicable.

7. The presence of domestic violence, if applicable, including the demonstration of power, control and entitlement within the home environment.

8. How the family may respond to intervention by the agency, including the parental protective capacities.

9. The reporter's name, relationship to the family, motivation and source of information, if possible.

10. The names and contact information of other people with information regarding the child or family.
Online Module: Court

After completion of all sections

Goal: Introduction to Chapter 48 Children’s Code. Workers should begin to see the power of their position and the life changing decisions they may be asked to make

1. Instructor led Activity: Have staff discussion regarding their immediate feelings/thoughts around the process of removing a child from their home, to include any fears, anxieties, etc.

   How can these be resolved or decreased in preparation for their work with families?

2. Group Process - 5 ways a child can be removed (Section 1 - slide #3)

3. Group Process – CHIPS process: looking at specific documents and discussing each role at court

4. Demonstrate: Show participants how easy it is to access Ch. 48 Children’s Code online and how this can be used as a reference – court process, grounds for removal, TPR grounds, etc

   - Google WI State Statutes Ch. 48
**Online Module: Initial Assessment**

**Goal:** Workers should begin to interpret information from an initial assessment and link to impending danger threats. This is only beginning to become familiar but workers should use their standards and not only identify the IDT from their list but use the bullet points provided to explain why they choose that IDT.

**After Section 1 completion (only 1 section)**

Materials Needed: Print out an Initial Assessment with a good level of detail. Black out any information that gives away the answers of the present or impending danger threat(s) identified.

1. **Activity:** Staff will break into groups, identify a recorder and on flip chart paper record the identified safety threats (state present or impending) from the Initial Assessment document they received and read. After approximately 10 minutes, group process

2. **Group Process** – Why is it important to have an understanding of initial assessment?

   - How does initial assessment impact your work with families in ongoing? OHC? Safety Services?

**Trainer Tip:**

**Examples**

**Why is it important?** Gateway to the BMCW, open or close case – which gives family CPS intervention/services or not, initial assessment reports with impending danger threats get passed on other BMCW branches, clear and thorough information means another worker may have to do less backtracking and will instead have a well rounded picture of the family

**How IA impacts –**

**Ongoing** – Clear understanding of how the unsafe condition in the home may have led to the decision to place in care. With a clear picture of what was not working for the family the OCM is better able to assess what would need to be done to return child(ren) to the home. A clear adult functioning section can better prepare the OCM in their preparation for PCFA – how they will engage the parent, where are some potential places to start discussion, etc.

**OHC** – Child functioning information can assist in making proper placements. Extent of maltreatment and surrounding circumstances should include the child(ren)’s thoughts, perceptions, how they were impacted, which is critical for a new caregiver and assessment of what child may need

**Safety Services** – Initial assessments with thorough information make indentifying impending threats much easier. If IDTs exist, and the child is unsafe, a safety plan is put into place immediately. These are passed on to Safety Services to maintain the plan and continue to control the IDT. If they don’t have a good picture of the family and the observable condition(s) in the family, the plan could be over intrusive, or worse – not control the proper danger threats
Online Module: Ongoing Services

Goal: Workers should begin to understand where Ongoing Services fit into the Bureau. Brief explanation of roles should be discussed (unless module group is based on all OCMs at which time training supervisor can discuss what is in job description and what other tasks they make face as well as decision they may be asked to make.

1. Instructor led Discussion: Discuss the Ongoing process, slide 4, tying together the Comprehensive Assessment Process that started from Access. Tie together with slide 8

Trainer Tip: Discuss the flow chart of BMCW and explain how the information gathered in the beginning is crucial to decision making and engaging families. When the family’s strengths are identified early in the process they are more likely to be engaged and become a part of the decision making process. They become their own agent of change.

CPS Case Flow and Safety Intervention
There are key decision-making points in the CPS case process as it relates to child safety. However, these critical points in safety intervention are not mutually exclusive and can occur throughout CPS involvement. When there is a new report of maltreatment or safety threats emerge in Ongoing Services, CPS assesses threats to safety and, when appropriate, develops and implements a safety plan to control identified threats. The following chart shows the relationship between safety assessment, safety analysis, and safety planning throughout the CPS case process.

Access
- Gather information related to present and impending danger threats
- Screening, urgency, and response time decisions

First contacts at Initial Assessment/Investigation
- Assess for present danger threats
- Create protective plans, when necessary

Initial Assessment/Investigation
- Collect information related to safety information standard, process and practice protocol
- Manage protective plan as indicated

Safety Assessment at the Conclusion of the Initial Assessment/Investigation
- Determine if there are Impending Danger threats

Safety Analysis and Planning
- Determine how impending danger is manifested in the family
- Evaluate behavioral, cognitive, and emotional parent/caregiver protective capacities
o Determine if the child is safe or unsafe; and if unsafe,
o Create a safety plan.

Case Transfer
o Review and manage the safety plan

Family Assessment and Case Plan
o Identify parent/caregiver protective capacities associated with impending danger threats
o Identify and implement interventions to address impending danger and parent/caregiver protective capacities
o Identify ways to measure the effectiveness of interventions

Case Progress Evaluation
o Measure and evaluate progress related to decreasing impending danger threats and enhancing parent/caregiver protective capacities
o Revise plans, as necessary

Case Closure
o Confirm the existence of a safe home

2. **Group Activity:** In pairs or groups, trainees will make a list of questions (at least 3-5) that a case manager should ask in order to gather additional information in each of the assessment areas (child functioning, adult functioning, general and disciplinary practices) in order to make a comprehensive assessment about a family. Additionally identify the source(s) or collateral(s) that they would need to get the information from. Encourage the trainees to be creative with designing their questions; as well making them open ended questions.

**Trainer Tip:**

Questions for child functioning based on development, physical health, school attendance and performance, suicidal/homicidal behavior, social outlets, sexual acting out, positive attachment behavior, affect, temperament, behavior beyond normal limits, sleeping arrangements, perceptions about intervention and condition of the child

Questions for adult functioning based on reality orientation, problem awareness, self awareness, mood, temperament, self-control, coping, judgment, assertiveness and accountability

Questions for parenting general based on attitude about parenting, history of parenting, awareness of parenting style, perception of child, tolerance of child, interaction between child and parent, communication and expression with child, alignment with child, recognition of child’s needs and knowledge and skill to provide for basic needs

Questions for parenting discipline based on methods, sources of methods, purpose, reason for and attitude about discipline
Online Module: Permanency

Goal: This section introduces workers to their responsibilities around permanency planning. The different permanency options should be reviewed as well as single or concurrent planning and what that means. Training Supervisors should review ASFA and could review the timelines of permanency planning, what a document looks like, the content it includes, etc.

After Section 1-3 Completion

1. **Group Discussion:** Hand out the Permanency Plan Options and review each option

2. **Group Activity:** Break into 3 small groups and give each group one or each group all 3 (depending on your time) the permanency scenarios. The group must decide on which permanency option fits that case scenario and discuss as a large group

**Trainer Tip:**

**Scenario 1** – Best answer is to maintain Reunification. Mom has made significant efforts to enhance her protective capacities. There is a high likelihood the child could be returned in the near future. Workers would want to know what Mom’s visitation has been like and what her relationship is like with the child. If there’s been progress in the visitation plan and a strong attachment this is a good case for a single PP. If mother is only at supervised visitation and is currently in a relationship with an abusive man, there could be an argument made for a dual plan of Return/TPR. Could discuss ASFA exceptions and what should be recorded in eWiSACWIS.

**Scenario 2** – Best answer is a single plan of TPR. The case meets the TPR grounds for Continuing CHIPs as it does not appear likely the mother will successfully meet the goals for return/enhance her protective capacities in the next 9 months, and perhaps Failure to Assume Parental Responsibility if mother has not been actively involved with her child over the last 18 months. The child has spent the majority of their critical attachment period in the home of the adoptive resource.

If the mother’s prior TPRs were involuntary and occurred in the last 3 years, she meets criteria for FAST track TPR which would be mean the BMCW would not have to make reasonable efforts to return child and could have filed for TPR after the TPC hearing.

48.415(10) Prior involuntary termination of parental rights to another child. Prior involuntary termination of parental rights to another child, which shall be established by proving all of the following:

(a) That the child who is the subject of the petition has been adjudged to be in need of protection or services under s. 48.13 (2), (3) or (10); or that the child who is the subject of the petition was born after the filing of a petition under this subsection whose subject is a sibling of the child.

(b) That, within 3 years prior to the date the court adjudged the child to be in need of protection or services as specified in par. (a) or, in the case of a child born after the filing of a petition as specified in par. (a), within 3 years prior to the date of birth of the child, a court has ordered the termination of parental rights with respect to another child of the person whose parental rights are sought to be terminated on one or more of the grounds specified in this section.

The conflicting views between workers could be resolved by discussing the plan on record and what that means for an Ongoing worker. The parent and the agency can continue to make strides towards reunification up until the day the actual TPR is granted. If circumstances would change significantly by the time the TPR proceedings are in court, the petition could be dropped if the case no longer meets grounds for TPR.

**Scenario 3** – Best answer is Transfer of Guardianship (if Aunt cannot change circumstances preventing her from adoptive resource approval). There could be a dual plan of TOG/Return if more information was
known about the parents progress. The court often suggests TPR/Adoption for young children based on it being the “most permanent” of options, however, if the child has a significant relationship with the Aunt it could be detrimental to her and the family as a whole to move to an unknown resource. The legal status of a guardian would have to be discussed with the Aunt and the Mother as both would have rights to this child with this form of permanency.

3. **Group Discussion:** Discuss your agency’s practice and procedure around permanency – permanency staffing, reunification approval, etc.
Permanency Plan Options

1. Reunification
2. TPR/Adoption
3. Transfer of Legal Guardianship
4. Placement with A Fit and Willing Relative
5. Independent Living
6. Sustaining Care Agreement
7. Long Term Foster Care
8. Concurrent Planning
Scenario 1

A 4 y/o male child has been in care for a year and the original permanency plan was recorded as reunification. It is now 9 months later and time for the order to be extended. Mom has 3 diminished protective capacities identified which resulted in 7 goals being established. To date, mom has completed 5 goals needing only to get employment and housing to meet all goals. Mom needs to demonstrate that she can meet her own emotional needs without becoming involved with abusive men as well as controlling her impulsive decision making in relation to using heroin. What should the recommended permanency goal be at the court hearing?
Scenario 2

Sam is a 2 year old child who was detained at birth and has been in placement with the Smith family for 18 months. Mr. and Mrs. Smith are dual providers, meaning they are licensed foster parents, and also have been assessed for adoption. They would like to adopt Sam. The permanency plan has been reunification/adoption. The birth mother has had two prior TPRs, and has a long history of drug and alcohol use. She has made minimal strides to meet her goals. However, in the last month mom has made attempts to meet her goals. Because mom has made strides in the last month, the on-going worker wants to continue to work on reunification; however, the foster/adopt worker feels the case should move toward termination of parental rights because of moms past history with CPS. What should the permanency goal be for this child? How would you resolve the conflicting views between the foster/adopt worker and the ongoing worker?
Scenario 3

Johnny has been an OCM for 4 years. He is the primary worker for 3 year old Anna Brown who was detained a year ago. She was placed with the maternal aunt at detainment. The aunt was not eligible for foster care licensing due to her income. The aunt is currently receiving Kinship payments. The aunt is eager to receive guardianship for Anna. Anna’s parents have a history with failing to benefit from previous professional help, have had several substantiated CPS referrals, and has had a long history of drug abuse. The maternal aunt feels the birth mother is not able to care for Anna. The aunt stated, “She is a bad mom, and is more concerned with her drugs than her child.”

The OCM feels that Anna will be reunified with her parents because they have shown maturity and progress in changing what was identified as diminished parental protective capacities. The foster/adopt worker feels that the aunt would be the most appropriate alternative placement if the child is not reunified. Because of the child’s age, the court is recommending adoption as the permanency plan. However, the aunt is unable to get licensed at this time. What should the permanency plan be? What issues need to be discussed?
Handouts

Supervisor Guidebook Appendix
PROFESSIONAL DEVELOPMENT PLAN

Name of Training: ___________________________________

Name of Case Manager: ___________________________________ Date: ___________

Telephone Number: ___________________________________ Region: ___________

Name of Supervisor: ___________________________________ Agency: ___________

Telephone Number: ___________________________________

LEARNING OBJECTIVE(S) SELECTED – CHOOSE FROM HANDOUT:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Plan to incorporate techniques, skills, concepts, etc. into current workload. Please make plan case specific and include timelines, details, and steps needed prior to completing implementation.

Identify any barriers to the implementation of this skill, concept, technique, etc. and plan to overcome barrier:

Staff Signature: ______________________________ Completion Date: __________

Supervisor Signature: ______________________________

Comments:
INITIAL ASSESSMENT FIELD ACTIVITY

PARTICIPANT WORKSHEET

Activity Goals:

(1) Gain familiarity with the role of Initial Assessment in the BMCW Safety Intervention system
(2) Observe information collection and key safety decisions made in Initial Assessment
(3) Develop observation and documentation skills

Directions

Answer the questions below regarding safety, the Initial Assessment function and your observations/discussions with IA Social Worker. If you do not see an interaction that would answer the questions you must THOROUGHLY explain what you SHOULD HAVE observed.

Evaluation Standards

(1) Answer content
   • Accuracy
   • Completeness
   • Insight

(2) Writing style
   • Clarity
   • Grammar/sentence structure/spelling/punctuation

Questions

(1) What stage in the process of completing the Initial Assessment is the case you observed? What has happened before? What needs to be completed before a safety assessment can be made? Provide enough case details so reader can follow the case decisions.
(2) Which of the areas of information collection was the IA Social Worker focusing on in this meeting? Describe two questions he/she used to solicit the desired information. Were these questions useful? Why or why not?

(3) Describe the key pieces of information that were gathered during the visit. How are these pieces of information important to the goal of the Initial Assessment. Be specific!

(4) Does the meeting you observed and/or your discussion with the IA Social Worker suggest that impending danger does or may exist in this case? If so, what are the impending dangers? What information would be required to determine that the suspected impending dangers do or do not exist?
(5) In the case you observed, is an in-home plan possible? Why/why not (use standards)? If you don’t know, what information would you need to collect to decide?

(6) Based on your experience today, what do you think are the greatest challenges Initial Assessment Social Workers face?

(7) What did you learn from the Initial Assessment Social Worker you observed that you can use in your job function and how will this be demonstrated?
INITIAL ASSESSMENT FIELD ACTIVITY

TRAINER’S GUIDE

Goals:

(1) Gain familiarity with the role of Initial Assessment in the BMCW Safety Intervention system
(2) Observe information collection and key safety decisions made in Initial Assessment
(3) Develop observation and documentation skills

Process (Note to Training Team Supervisors—You may each meet your group of participants and give these instructions—OR—you may have one TT supervisor give the instructions to the whole group)

(1) Explain the purpose and goals of this field activity. Take general questions about anything covered in IA training.

(2) Explain process:

- Participants will divide into their Training Team Supervisor groups. Each participant will accompany and observe an IA Social Worker for at least one face-to-face meeting with a parent and/or child. Additional observations may occur if time and available staff permit.

- Following the family meeting, participants will have time (at least 30 minutes) to ask the Social Worker questions about what they heard and saw

- Participants will then complete their Initial Assessment Field Activity Worksheet. Responses to the worksheet items will be evaluated for the completeness and correctness of their responses as well as for the clarity and quality of the writing. Grammar counts, spelling counts, neatness counts! If they did not observe an interaction that would answer the question they must THOROUGHLY explain what they SHOULD HAVE observed.

- Participants will also be asked to turn in notes with their completed worksheet. Notes do not need to be “polished.”

- Participants will turn worksheets into Training Team Supervisors by the end of the last observation day. Give date and time.

(3) Pass out the IA Field Activity Worksheet. Ask participants to read it over and solicit questions
(4) Lead some discussion on the following question to help participants prepare for family contact:

- What do you expect to see/experience when you are on the home visit?
  Use discussion to dispel myths and set realistic expectations

- What is the experienced staff person’s role?
  Experienced staff is in charge of the visit. He/she should brief you on the case and its status. He/she should clearly explain what he/she intends to accomplish on the visit, including how he/she will address both safety and change.

- What is your role?
  At first, plan on observing quietly. The experienced staff person will introduce you as someone who is learning about the job. After the visit, plan on asking lots of questions. The experienced staff will expect and welcome this.
  If you have a chance to go on an additional visit during the time allotted for this exercise, you may have a “speaking role.” The experienced staff, you and I will meet ahead of time and plan your part. It will likely be something like, “We are working on learning more about adult functioning. Let’s plan 2-3 questions you can ask.”

- Are you anxious or concerned about any portion of the visit?
  Solicit concerns without putting words in participants’ mouths. As concerns are expressed, validate them (all concerns, no matter how unrealistic with strategies for dealing with them. If some practice or “scripts” are required, suggest or develop them with group.

(5) Solicit any other questions regarding family meeting

(6) Discuss a note-taking strategy

- The Worksheet asks participants to answer general questions and provide examples.
- Rather than trying to answer questions while observing, a better approach is to take notes about what was said/done on each call.
- Don’t try to organize it by question as this may inhibit good listening and be a potential distraction to the family
- When it comes time to complete the Worksheet, use your notes to answer questions
- Rule of Thumb: MORE NOTES THAT CONTAIN AS MANY DETAILS AS POSSIBLE ARE BETTER THAN FEWER WITH FEWER DETAILS. You can always leave things out in your write-up but you can’t add them if you didn’t capture them in notes.

(7) Pass out directions to Region where participants will meet IA Social Worker

(8) Set meeting time and place
(9) GO! At the end of the first observation day, remind participants where they will meet the next day and at what time. Remind group that and that they will have the afternoon to complete and turn in their written
PARTICIPANT WORKSHEET

Activity Goals:

(1) Gain familiarity with the role of Initial Assessment in the BMCW Safety Intervention system
(2) Observe information collection and key safety decisions made in Initial Assessment
(3) Develop observation and documentation skills

Directions

Answer the questions below regarding safety, the Initial Assessment function and your observations/discussions with IA Social Worker. If you do not see an interaction that would answer the questions you must THOUGHLY explain what you SHOULD HAVE observed.

Evaluation Standards

(1) Answer content
   • Accuracy
   • Completeness
   • Insight

(2) Writing style
   • Clarity
   • Grammar/sentence structure/spelling/punctuation

Questions

(1) What stage in the process of completing the Initial Assessment is the case you observed? What has happened before? What needs to be completed before a safety assessment can be made? Provide enough case details so reader can follow the case decisions.
(2) Which of the areas of information collection was the IA Social Worker focusing on in this meeting? Describe two questions he/she used to solicit the desired information. Were these questions useful? Why or why not?

(3) Describe the key pieces of information that were gathered during the visit. How are these pieces of information important to the goal of the Initial Assessment. Be specific!

(4) Does the meeting you observed and/or your discussion with the IA Social Worker suggest that impending danger does or may exist in this case? If so, what are the impending dangers? What information would be required to determine that the suspected impending dangers do or do not exist?
(5) In the case you observed, is an in-home plan possible? Why/why not (use standards)? If you don’t know, what information would you need to collect to decide?

(6) Based on your experience today, what do you think are the greatest challenges Initial Assessment Social Workers face?

(7) What did you learn from the Initial Assessment Social Worker you observed that you can use in your job function?
ANSWER KEY AND SCORING GUIDE

(1) What stage in the process of completing the Initial Assessment is the case you observed? What has happened before? What needs to be completed before a safety assessment can be made?

*Background description of the case is presented; steps in information collection planning and, assessment are described.*

3=Description is complete; includes an appropriate level of detail; makes clear and accurate assessment of what needs to be completed
2=Description is mostly complete; may be missing components and/or includes or excludes a level of detail needed; makes a generally clear and mostly accurate assessment of what needs to be completed
1=Description is incomplete; includes an inappropriate level of detail; does not make a clear or accurate assessment of what needs to be completed

(2) Which of the areas of information collection was the IA Social Worker focusing on in this meeting? Describe two questions he/she used to solicit the desired information. Were these questions useful? Why or why not?

*Description of the information collection goals of the meeting; describes questions and makes assessment of the usefulness of the questions.*

NOTE: Extra credit goes to the identification of questions and/or usefulness assessments that show insight go beyond the obvious. Assessments of usefulness that are clearly tied to the purpose of the meeting are higher-level answers as well.

3=Description includes goals, questions and an assessment of usefulness; All are clear and complete; writing is clear
2=Description may miss a goal, question or parts of the assessment; descriptions may be unclear and/or partial in places
1=Description misses multiple components; descriptions are substantially incomplete and/or unclear

(3) Describe the key pieces of information that were gathered during the visit. How are these pieces of information important to the goal of the Initial Assessment? Be specific!

*Description of information collected, assessment of importance of information to goals of IA*

NOTE: Extra credit goes to specific, clear links between a piece or multiple pieces of information and a SPECIFIC goal of the IA (e.g., link to the assessment of a parent’s protective capacity in a particular area; link between maltreatment and a specific impending danger; link between a piece of information and an understanding of family patterns).
3=Description includes specific information collected and a clear, compelling, specific link to IA goals; All are clear and complete; writing is clear
2=Description includes some specific information collected and some attempt to link to IA goals; writing may be unclear in places
1=Description misses multiple components; descriptions are substantially incomplete and/or unclear

(4) Does the meeting you observed and/or your discussion with the IA Social Worker suggest that impending danger does or may exist in this case? If so, what are the impending dangers? What information would be required to determine that the suspected impending dangers do or do not exist?

Description of what impending dangers may exist or why they do not.

3=Describes impending dangers that may exist clearly and with supporting detail; describes what information is still needed in an accurate and compelling way; writing is clear
2=Describes impending dangers with some degree of clarity; may be vague in places or missing supporting detail; describes information needed in a mostly accurate way; writing may be unclear in places
1=Does not describe impending dangers or does so in a vague or unclear way; does not describe information needed or does so inaccurately or substantially incompletely; writing is substantially unclear

(5) In the case you observed, is an in-home plan possible? Why/why not? If you don’t know, what information would you need to collect to decide?

The parents/caregivers must be residing in the home that is an established residence; the home environment must be calm and consistent enough so that safety actions, safety services, and safety service providers can be in the home and providers can be safe; the parents/caregivers are willing to accept an in-home safety plan, to allow safety services to be implemented within the home according to the safety plan, and to be cooperative with those who are participating in carrying out the safety plan (i.e., safety service providers) within the home.

3=Identification of conditions present and not in case clear; description of information needed accurate, complete and clear
2=Conditions present in the home are generally clear; description of information needed mostly accurate and clear; may be unclear in places
1=Conditions in the home not described or described in largely unclear or inaccurate ways; description of information needed not provided, inaccurate, or substantially unclear

(6) Based on your experience today, what do you think are the greatest challenges Initial Assessment Social Workers face?

Clarity, observational quality and insight are the central criteria for judging this answer. Higher points go to answers that go beyond superficial observations (eg., they have a heavy workload).

3=Identifies an aspect of Initial Assessment with clarity, insight and sensitivity. Uses observation experience to support answer; writing is clear
2=Identifies an aspect of Initial Assessment; may not be entirely clear or creative; writing may be unclear in places
1=Does not identify an aspect and/or does so in a substantially unclear way. Shows no insight or use of observation experience

(7) What did you learn from the IA Social Worker you observed that you can use in your job function?
Clarity, observational quality, insight and making a clear link to another job function are the central criteria for judging this answer. Higher points go to answers that are insightful and demonstrate an appropriate understanding of how functions connect.

3=Identifies an aspect of IA with clarity, insight and sensitivity. Uses observation experience to support answer; writing is clear
2=Identifies an aspect of IAs; may not be entirely clear or creative; writing may be unclear in places
1=Does not identify an aspect and/or does so in a substantially unclear way. Shows no insight or use of observation experience.

SCORING

TOTAL POINTS=21

PASSING SCORE=14 (70%)

SCORES BELOW 14=Re-do. Could be re-writing if writing style is the primary problem. Could be an additional observation if observation quality is the issue. Could be a written plan for improvement for next evaluation.
Engaging Skills Observation

Exploring Skills

<table>
<thead>
<tr>
<th>Skill</th>
<th>How was it used?</th>
<th>What would you do the same/different?</th>
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<td>Attending</td>
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<td>Recognizing Strengths</td>
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<td>Encouraging Feelings</td>
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<td>Normalizing</td>
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<td>Universalization</td>
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<td>Reflections</td>
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<td>Self-Disclosure</td>
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Engaging Skills Observation

Focusing Skills

<table>
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<tr>
<th>Skill</th>
<th>How was it used?</th>
<th>What would you do the same/different?</th>
</tr>
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<tbody>
<tr>
<td>Summarizing</td>
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<td>Clarification</td>
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<td>Questions</td>
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<td>Concreteness</td>
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<td>Partialization</td>
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<td>Reframing</td>
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Find and Drill Instructions

Directions: Participants will have several opportunities practice assessing information gathering as it relates to safety intervention. Participants review documentation, answer related questions, and present their findings to the group.

Large group level reviews- Distribute 1 initial assessment document to the entire training group. Participants are to read the document and process the related questions as a large group. (Note to Training Team Supervisors- the purpose of this level of review is to get participants familiar with the review process, help them identify the contents of each, answer, and give opportunity to practice the presentation process).

Small group level review- Divide participants into small groups of 4-5. Assign each group a different initial assessment document to review. Instruct groups to answer the related questions at their tables and prepare to present their findings to the large group.

Individual reviews- Ideally, assign each participant a unique initial assessment document to review and answer the related questions (depending on the number of participants you may need to double up the assessments. However, participants should answer the questions independently). Each participant, or groups of participants who reviewed the same document, presents their findings.

Presentations/ Feedback- The purpose of the oral presentations is help participants not only know the components of sufficient information gathering, but also practice their skills in articulating. They will need to be able to articulate with clarity to their supervisor, in court, to team members, etc. Presenting cases will become a routine part of their practice. During the oral presentations, the Supervisor role is to challenge the sufficiency of information and to challenge participants to be able to defend their findings. Presentations should not just be a regurgitation of the content of the initial assessment documents. Surely, there will be missing information, participants should be challenged on what is missing. Suggestions for probes follow the list of questions.
Find and Drill Activity Rubric

1). Who is the family and why is the family opened for CPS?

3= Clearly identifies who the family is. Includes names, ages, relationships, and significant pieces of information related to individuals. Describes clearly each reason why family was opened for CPS at this time. Is careful not to lump multiple concerns together, but rather describe each individually.

2= Identification of family members lacks description and demographic information. Reason for opening in CPS is vague or confusing. Multiple concerns are lumped together and not described individually.

1= Does not identify all family members. Reason for opening for CPS not identified or is unclear. Does not answer question.

2). Is there present danger? If so, what is it? What is the protective plan used to address the present danger? What more must you know about present danger and the protective plan?

3= Present danger threats are well-defined using one of the 27 present danger situations. Explanation of the protective plan includes specifically how the present danger threat will be controlled. Clearly identifies missing information and what else would be needed.

2= Present danger threats are somewhat defined, but do not specifically relate to one of the 27 present danger threats. Explanation of protective plan is unclear, does not include specifically how the plan will address the present danger. Minimally identifies what additional information may be needed.

1= Present danger threats are not defined or are missed in the explanation. Understanding and explanation of the protective plan is missing. No additional information is identified as being needed.

3). Using the 7 areas of assessment, describe the family. Is the information gathered sufficient? What additional information must you know regarding the 7 areas of assessment?

3= Clearly describes the family using all six areas of initial assessment and uses the key elements of those areas. Clearly talks about the sufficiency or insufficiency of the information gathered. Is able to specifically state what information is needed in each of the six areas.
2= Somewhat describes the family using the six areas of initial assessment and uses some but not all of the key elements in those areas. Vaguely discusses the sufficiency or insufficiency of the information gathered. Minimally identifies additional information that must be gathered.

1= Does not describe the family using the six areas of initial assessment and fails to cover key components of each of those areas. Fails to discuss sufficiency or insufficiency of information gathered. Does not identify additional information that must be gathered.

4). What impending danger threats exist? How do each of the identified impending danger threats cross the danger threshold? What additional information must you know about impending danger?

3= Clearly identifies the appropriate impending danger threat from the list of 17. Clearly explains how each impending danger threat crosses each safety threshold criteria. Clearly identifies missing information that must be needed regarding impending danger.

2= Somewhat identifies the impending danger threats from the list of 17. Only partially explains how the safety threshold criteria is met. 1 or 2 criterion may not be explained for 1 or 2 of the impending danger threats. Some indication of what additional information must be gathered regarding impending danger.

1= Impending danger threats are not identified. Explanation of how the safety threshold criterion is met is missing or lacking significant information. Several criterion are unaccounted for.

5). Answer and justify the following safety analysis questions 1)How does impending danger play out in the family 2) Can the family manager impending danger without direct assistance from CPS 3) Can an In home plan work?

3= Clearly and thoroughly answer each of the three safety analysis questions covering all of the sub-questions of each. Clearly identifies what information must be gathered to sufficiently answer each question.

2= Somewhat answers the three safety analysis questions but does not clearly answer all of the sub-questions. Vaguely identifies what additional information must be gathered to sufficiently answer each question.

1= Does not answer all of the safety analysis questions. Does not identify any additional information that must be gathered to answer the questions.
6) Judge the current safety plan for sufficiency? If the plan is insufficient, what would be needed?

3 = Clearly and thoroughly judges the safety plan for sufficiency. Identifies fully what would be needed if plan is insufficient.

2 = Somewhat addresses the plan’s sufficiency. May miss some parts of information needed to assess sufficiency. Partially identifies what would be needed to make plan sufficient.

1 = Does not judge the plan for sufficiency. Misses significant components of sufficiency. Attempt to judge sufficiency is vague and unclear.

Probing Questions

1). Who is the family and what is the basis of concern?

_This should be just a basic overview of the family. Parents, kids, ages, etc. Why are we involved? What brought this family to the attention of the Bureau of Milwaukee Child Welfare (BMCW)?_

2). Is there present danger? If so, what is it? What is the protective plan used to address the present danger? What more must you know about present danger and the protective plan?

_What makes it a present danger situation?_
_Why isn’t it a present danger situation?_
_Is the protective plan sufficient? How do you know?_

3). Using the 7 areas of assessment, describe the family. Is the information gathered sufficient? What additional information must you know regarding the 6 areas of assessment?

_Extent of maltreatment- nature, symptoms, events and circumstances, condition and location of the presenting child, duration, progression, pattern_

_Circumstances surrounding the maltreatment- isolation, stress and coping, violence, history, explanation for maltreatment, openness and truthfulness, mental health issues, substance use issues, response to CPS, chronicity and pervasiveness, contextual issues._
Child functioning- vulnerability, development, physical health, school attendance and performance, suicidal/ homicidal behavior, social outlets, sexual acting out, positive attachment behavior, affect, temperament, behavior beyond normal limits, sleeping arrangements, perceptions about intervention, condition of the child

Adult functioning- reality orientation, problem awareness, self awareness, mood and temperament, self-control, coping, judgment, assertiveness, accountability.

Parenting and Discipline- attitude about parenting, history of parenting, awareness of parenting style, perception of child, tolerance of child, interaction between child and parent, communication and expression with child, alignment with child, recognition of child’s needs, discipline approaches, emotional state related to discipline, knowledge and skill to provide for basic needs.

4). What impending danger threats exist? How do each of the identified impending danger threats cross the safety threshold? What additional information must you know about impending danger?

Which impending danger threat was identified?
What from the definition supports this impending danger threat?
What factors impact this child(ren)’s vulnerability?
Challenge participants on lumping concerns together and considering individually?
How do the qualifies apply to this situation, aka how do we know this is not a one time incident?
How might the family be able to protect the child?
What makes this imminent?
How does this situation meet the severe harm criterion?

5). Answer and justify the following safety analysis questions 1)How does impending danger play out in the family 2) Can the family manage impending danger without direct assistance from CPS 3) Can an In home plan work?

How do the impending danger threats play out in this family- how long, how frequent, how predictable, specific times of day, prevent functioning in adult functioning

Can the family manage and control the impending danger threats without assistance from CPS- is there a non-threatening/ non-maltreating caregiver with sufficient capacities to protect (history of protecting, properly attached to the child, empathetic, believes the child, able to intervene, understands the threats to safety, plan for protection, aligned with CPS), Can the maltreating/ threatening caregiver leave the home (who’s idea, where would they go, attitude about leaving, is the plan practical, how does the protecting caregiver feel about the plan, how will needs be met, are we confident about the plan remaining active, are legal sanctions available)
Can an in-home plan work for this family- caregivers willing to cooperate, home environment calm and consistent enough, can services that control the conditions be put in place without the results of a scheduled evaluation, are caregivers residing in the home?

6) Judge the current safety plan for sufficiency? If the plan is insufficient, what would be needed?

Necessary responses are available now, services focus on control not change, plan specifically addresses each impending danger threat, has an immediate impact, level of service is sufficient to control the danger threat, only as intrusive as it needs to be, covers critical times and circumstances, does not rely on caregiver’s promise to behave differently, qualified safety providers who are aligned with the BMCW
ONGOING/SAFETY SERVICES FIELD ACTIVITY

TRAINER’S GUIDE

**Goals:**
(1) Gain familiarity with the role of Ongoing Case Management and Safety Services in the BMCW Safety Intervention system
(2) Identify engagement/interviewing skills used in assessing readiness to change
(3) Identify engagement, interviewing and case planning skills used in the service of advancing change goals
(4) Identify stages and techniques in facilitating Protective Capacity Family Assessment (PCFA)
(5) Identify process of assessing child safety in out-of-home care (ongoing)
(6) Identify process of assessing the sufficiency of in-home safety plans (safety)
(7) Develop observation and documentation skills

**Process** (Note to Training Team Supervisors—You may each meet your group of participants and give these instructions—OR—you may have one TT supervisor give the instructions to the whole group)

(1) Explain the purpose and goals of this field activity. Take general questions about anything covered in Engagement, Interviewing or PCFA training.
(Note to Training Team Supervisors—This activity may come after any of the trainings listed above depending on the scheduling details of a particular Academy Session. The worksheets used for a particular group will depend on the training they have completed. The directions are the same throughout.)

(2) Explain process:

- Participants will divide into their Training Team Supervisor groups. Each participant will accompany and observe an OCM or SSCM *for at least one face-to-face meeting with a parent and/or child*. Additional observations may occur if time and available staff permit.

- Following the family meeting, participants will have time (at least 30 minutes) to ask the Case Manager questions about what they heard and saw

- Participants will then complete their Ongoing/Safety Services Field Activity Worksheet. Responses to the worksheet items will be evaluated for the completeness and correctness of their responses as well as for the clarity and quality of the writing. Grammar counts, spelling counts, neatness counts! If they did not observe what they needed to answer the question they are to THOROUGHLY explain what they SHOULD HAVE observed.

- Participants will also be asked to turn in notes with their completed worksheet. Notes do not need to be “polished.”

- Participants will turn worksheets into Training Team Supervisors by the end of the last observation day. Give date and time

(3) Pass out the Ongoing/Safety Field Activity Worksheet. Ask participants to read it over and solicit questions
(4) Lead some discussion on the following question to help participants prepare for family contact:

- What do you expect to see/experience when you are on the home visit?
  
  *Use discussion to dispel myths and set realistic expectations*

- What is the experienced staff person’s role?
  
  *Experienced staff is in charge of the visit. He/she should brief you on the case and its status. He/she should clearly explain what he/she intends to accomplish on the visit, including how he/she will address both safety and change.*

- What is your role?
  
  *At first, plan on observing quietly. The experienced staff person will introduce you as someone who is learning about the job. After the visit, plan on asking lots of questions. The experienced staff will expect and welcome this.*

  *If you have a chance to go on an additional visit during the time allotted for this exercise, you may have a “speaking role.” The experienced staff, you and I will meet ahead of time and plan your part. It will likely be something like, “We are working on learning more about adult functioning. Let’s plan 2-3 questions you can ask.”*

- Are you anxious or concerned about any portion of the visit?
  
  *Solicit concerns without putting words in participants’ mouths. As concerns are expressed, validate them (all concerns, no matter how unrealistic with strategies for dealing with them. If some practice or “scripts” are required, suggest or develop them with group.*

(5) Solicit any other questions regarding family meeting.

(6) Discuss a note-taking strategy

- The Worksheet asks participants to answer general questions and provide examples.
- Rather than trying to answer questions while observing, a better approach is to take notes about what was said/done on each call.
- Don’t try to organize it by question as this may inhibit good listening and be a potential distraction to the family
- When it comes time to complete the Worksheet, use your notes to answer questions
- Rule of Thumb: **MORE NOTES THAT CONTAIN AS MANY DETAILS AS POSSIBLE ARE BETTER THAN FEWER WITH FEWER DETAILS.** You can always leave things out in your write-up but you can’t add them if you didn’t capture them in notes.

(7) Pass out directions to Region where participants will meet OCM or SSCM

(8) Set meeting time and place

(9) GO! At the end of the first observation day, remind participants where they will meet the next day and at what time. Remind group that and that they will have the afternoon to complete and turn in their written work.
ANSWER KEY AND SCORING GUIDE

(1) What are the challenges (current and past) to engaging/gathering information from members of this family? Consider any cultural issues you observe or discuss with your OCM/SSCM.

Identifies challenges.

NOTE: Extra credit goes to answers that identify challenges associated with the observer/case manager instead of or in addition to ones associated with the client. This demonstrates a more sophisticated understanding of the process. Extra credit also to answers demonstrating sensitivity to real/potential challenges posed by cultural (race, ethnicity, sexual orientation, gender, age, etc.) differences.

3=Clearly identifies challenges; writing is clear
2=Identifies challenges; explanation may be incomplete or unclear in places; writing may be unclear in places
1=Does not identify challenges or does so in a substantially unclear or inaccurate way; writing is substantially unclear

(2) Describe an instance during your observation in which you saw the OCM/SSCM demonstrate ONE of the following: genuineness, respect, empathy, or competence. What did he/she say or do? How do these actions demonstrate one of the conditions of helping? What was the result of the action?

Describes behavior and makes link to one of the key conditions. Describes the result

NOTE: Extra credit goes to answers that make very specific and well-argued connections between specific behaviors and one of the conditions. Answers that show insight or attempts to make “non-obvious” connections, even if not entirely successful, should be given higher rating.

3=Clearly describes the behavior demonstrated and makes a clear and compelling connection between the behavior and a condition; describes the result clearly; writing clear
2=Describes the behavior demonstrated and makes a connection to a condition; may not be entirely clear or compelling; result described; writing may be unclear in places
1=Does not describe behavior or does so in largely unclear ways; does not make a connection to a condition or does so in inaccurate or unclear ways; writing substantially unclear

(3) Describe three techniques for engaging/gathering information from family members that you saw demonstrated on your visit. (Hint: Refer to the focusing, exploratory, solution-focused or other kinds of engagement techniques you learned and practiced in class) What were the results of these techniques?

Techniques that might be identified include: Exploration—Attending: physical, psychological; Recognizing Strengths; Encouraging expression of feelings; Normalization and Universalization; Objectivity; Reflections; Self Disclosure; Focusing—Summarizing, Clarification, Questions, Concreteness, Partialization Reframing; Solution-Focused Questions: Solution Defining, Past Successes Exception Finding; Miracle; Scaling; Coping
(4) What techniques would you like to try that you didn’t see demonstrated? Why would you choose this technique?

- Describes technique and explanation for choosing it.

NOTE: Extra credit to answers that describe specific choices and explain them in terms of their relationship to the purpose of the visit, larger purpose of case planning or goal setting or keeping children safe.

(5) What are the key safety threats identified in the family you visited? If in-home, explain how the circumstances warranted an in-home plan. If out-of-home, what circumstances warranted an out-of-home care plan. Reference the Safety Standards in your answer.

- Identifies safety threats and describes circumstances leading to choice of in- or out-of-home plan. Uses the standards to support answer.

(6) What parental protective capacities have been (initially) identified as diminished?

- Identifies capacities

(7) Identify ONE example of WI Safety Standards for managing safety during ongoing services being demonstrated during your visit. Were there steps not taken that you would suggest?

- Makes reference to one or more of the following:

  In-home: assuring that the services put in place continue to adequately control identified safety threats, assuring that the commitments by the family and providers remain in tact, determining whether previously identified safety threats have been eliminated or if the severity has been reduced or increased, determining if new safety threats have emerged, and modifying the safety (related
to impending danger threats) or case plan (related to protective capacities), when appropriate.

Out-of-home: assess if safety threats in the parental home are in effect, determine if conditions have changed/can be controlled with the provision of services to allow the child to return home with an in-home safety plan, and assess if the child’s out-of-home care provider is continuing to meet the child’s needs and provide for their protection/safety, and modify the safety or case plan, when appropriate.

3=Clearly identifies an example and makes a clear connection to one of the aspects of the Standard; identifies an additional step to take with clarity and insight; writing clear
2=Identifies an example and makes a connection to one of the aspects; may be somewhat incomplete, inaccurate or unclear; identifies an additional step; maybe unclear in places
1=Does not identify an example or make a connection or does so in substantially unclear or inaccurate ways; does not identify an additional step or does so in substantially unclear or inaccurate ways; writing is substantially unclear

(8) What stage of the PCFA process is the case you observed in? What facilitative objectives were being pursued?
Preparation, introduction, discovery, change strategy and case planning. See facilitative objectives by stage

3=Clearly describes the stage using the correct label; clearly identifies one or more facilitative objectives being pursued
2=Describes a stage and at least one objective; may misidentify or be unclear in places
1=Does not describe a stage or an objective or does so in a way that is substantially unclear

(9) Based on your observations, which stage of change is the family you observed in? Give an example of a strategy used by the OCM/SSCM that is consistent or inconsistent with the stage of change you identify.
Pre-contemplation, contemplation, preparation, action, maintenance

3=Clearly describes the stage using the correct label; clearly identifies one or more strategies that are consistent/inconsistent with the stage; can identify why strategy is consistent or inconsistent.
2=Describes a stage and a strategy; may not fully explain consistency/inconsistency or be unclear in places
1=Does not describe a stage or a strategy or does so in a way that is substantially unclear

(10) Describe any points if disagreement or negotiation between the OCM?SSCM and family. How were these disagreements/negotiations resolved? What strategies would you have suggested?

3=Clearly describes disagreement, resolution and suggests other strategies. Shows insight into the issue and/or parties
2=Describes disagreement, resolution and suggest a strategy. May show little insight and/or be unclear in places
1=Does not describe a disagreement, resolution and/or strategy or does so in Ways that are substantially unclear
(11) Based on your experience today, what do you think are the greatest challenges OCM/SSCMs face?
   Clarity, observational quality and insight are the central criteria for judging this answer. Higher points go to answers that go beyond superficial observations (e.g., they have a heavy workload).
   
   3=Identifies an aspect of Ongoing/Safety with clarity, insight and sensitivity. Uses observation experience to support answer; writing is clear
   2=Identifies an aspect of Ongoing/Safety; may not be entirely clear or creative; writing may be unclear in places
   1=Does not identify an aspect and/or does so in a substantially unclear way. Shows no insight or use of observation experience

(12) What did you learn from the Ongoing/Safety Service Case Manager you observed that you can use in your job function?
   Clarity, observational quality, insight and making a clear link to another job function are the central criteria for judging this answer. Higher points go to answers that are insightful and demonstrate an appropriate understanding of how functions connect.
   
   3=Identifies an aspect of Ongoing/Safety with clarity, insight and sensitivity. Uses observation experience to support answer; writing is clear
   2=Identifies an aspect of Ongoing/Safety; may not be entirely clear or creative; writing may be unclear in places
   1=Does not identify an aspect and/or does so in a substantially unclear way. Shows no insight or use of observation experience.

**SCORING**

**TOTAL POINTS=36**

**PASSING SCORE= 26 (70%)**

**SCORES BELOW = 26 Re-do.** Could be re-writing if writing style is the primary problem. Could be an additional observation if observation quality is the issue. Could be a written plan for improvement for next evaluation.

Revised 04-14-11
PARTICIPANT WORKSHEET—Engaging/Interviewing

Activity Goals:

(1) Gain familiarity with the role of Ongoing Case Management and Safety Services in the BMCW Safety Intervention system
(2) Identify engagement skills used in advancing change goals
(3) Identify process of assessing child safety in out-of-home care (ongoing)
(4) Identify process of assessing the sufficiency of in-home safety plans (safety)
(5) Develop observation and documentation skills

Directions

Answer the questions below regarding safety, the Ongoing Case Management or Safety Services function and your observations/discussions with the Ongoing Case Manager or Safety Services Case Manager you observe. If you did not see an interaction that would answer the question, please be specific around what you SHOULD HAVE observed.

Evaluation Standards

(1) Answer content
   • Accuracy
   • Completeness
   • Insight

(2) Writing style
   • Clarity
   • Grammar/sentence structure/spelling/punctuation

Questions

(1) What are the challenges (current and past) to engaging/gathering information from members of this family? Consider any cultural issues you observe or discuss with your OCM/SSCM.
(2) Describe an instance during your observation in which you saw the OCM/SSCM demonstrate ONE of the following: genuineness, respect, empathy, or competence. What did he/she say or do? How do these actions demonstrate one of the conditions of helping? What was the result of the action?

(3) Describe three different techniques for engaging/gathering information from family members that you saw demonstrated on your visit. (Hint: Refer to the focusing, exploratory, solution-focused or other kinds of engagement techniques you learned and practiced in class) What were the results of each of these techniques?
(4) What techniques would you like to try that you didn’t see demonstrated? Why would you choose this technique?

(5) What are the key safety threats identified in the family you visited? If in-home, explain how the circumstances warranted an in-home plan. If out-of-home, what circumstances warranted an out-of-home care plan. Reference the Safety Standards in your answer.
(6) What parental protective capacities have been (initially) identified as diminished?

(7) Identify ONE example of WI Safety Standards for managing safety during ongoing services being demonstrated during your visit. Were there steps not taken that you would suggest?
(8) What stage of the PCFA process is the case you observed in? What facilitative objectives were being pursued?

(9) Based on your observations, which stage of change is the family you observed in around the targeted behavior (behavior needing changing)? Give an example of a strategy used by the OCM/SSCM that is consistent or inconsistent with the stage of change you identify.
(10) Describe any points of disagreement or negotiation between the OCM/SSCM and family. How were these disagreements/negotiations resolved? What strategies would you have suggested?

(11) Based on your experience today, what do you think are the greatest challenges an OCM/SSCMs face?
(12) What did you learn from the Ongoing/Safety Service Case Manager you observed that you can use in your job function and how will this be demonstrated?
## Intervention Stage 2: Introduction

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<tr>
<th>Level of Effort</th>
<th>Assessment Content</th>
<th>Facilitative Objectives</th>
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<tbody>
<tr>
<td>Initiate Protective Capacity</td>
<td>Is it clear to the family how your role as an ongoing CPS worker is different from an IA worker?</td>
<td>1. Introduce self, role, responsibility in working with the family and expectations for involvement.</td>
</tr>
<tr>
<td>Family Assessment</td>
<td>What is the caregivers' understanding regarding why their family has been opened for ongoing CPS?</td>
<td>2. Begin attempting to form a working partnership with the family.</td>
</tr>
<tr>
<td>Begin Engagement</td>
<td>What have caregivers been told regarding the identification of impending danger?</td>
<td>3. Debrief the family's experience with CPS intervention.</td>
</tr>
<tr>
<td>Emphasize Rapport Building</td>
<td>What is their understanding regarding the identification of impending danger?</td>
<td>4. Review and clarify the impending danger that were identified as a result of the IA.</td>
</tr>
<tr>
<td>Techniques.</td>
<td>What feelings prevail among family members regarding CPS involvement?</td>
<td>5. Seek caregivers' perception regarding identified impending danger and their responsibility to provide protection.</td>
</tr>
<tr>
<td>1st series of visits</td>
<td>What perceptions does the family have about itself, about its condition and/or problem areas?</td>
<td>6. Confirm the sufficiency of the safety plan.</td>
</tr>
<tr>
<td>The time required to complete</td>
<td>Are caregivers clear about the purpose for the safety plan? What is the caregiver(s)' perspective and attitude regarding ongoing safety intervention?</td>
<td>7. Reinforce the caregivers' right to self-determination and emphasize personal choice.</td>
</tr>
<tr>
<td>the introduction stage is</td>
<td>Does the safety plan continue to provide the appropriate level of effort and degree of intrusiveness to assure child safety?</td>
<td>8. Explain the Protective Capacity Family Assessment process and seek a commitment to participate and collaborate.</td>
</tr>
<tr>
<td>dependent on family composition,</td>
<td>What are skillful ways to promote caregiver self-determination and autonomy?</td>
<td></td>
</tr>
<tr>
<td>case issues, dynamics and family</td>
<td>What is the status of the caregiver(s)' commitment to participate in the Protective Capacity Family Assessment process?</td>
<td></td>
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<tr>
<td>participation.</td>
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## Intervention Stage 3: Assessment Discovery

<table>
<thead>
<tr>
<th>Level of Effort</th>
<th>Assessment Content</th>
<th>Facilitative Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue Protective Capacity Family Assessment.</td>
<td>What is the family's current level of commitment to engage in the assessment process?</td>
<td>1. Review purposes, objectives and decisions associated with the Protective Capacity Family Assessment process.</td>
</tr>
<tr>
<td>Continue to engage and seek a partnership with the family.</td>
<td>What is perceived as positive or as strengths within the family that contribute to child protection?</td>
<td>2. Reconfirm the mutual commitment (CPS and family) to work collaboratively toward developing solutions.</td>
</tr>
<tr>
<td>Explore with the caregivers and children as appropriate, what must change to enhance protective capacities and address impending danger.</td>
<td>What do caregivers identify as strengths about themselves as individuals and in the caregiver role?</td>
<td>3. Identify and/or discuss family strengths and caregiver protective capacities.</td>
</tr>
<tr>
<td>2nd series of visits</td>
<td>In what ways might existing strengths be used to increase diminished protective capacities and decrease impending danger?</td>
<td>4. Consider how existing caregiver protective capacities can be utilized to create a safe environment in the family.</td>
</tr>
<tr>
<td>The 2nd series of visits may require more than one meeting with individual family members.</td>
<td>Do caregivers recognize or acknowledge impending danger? What do family members want to keep the same, what might they want to or be willing to consider changing related to their protective capacities?</td>
<td>5. Determine the relationship between impending danger (impending danger) and diminished caregiver protective capacities.</td>
</tr>
<tr>
<td>Again, the time needed for completing the assessment discovery stage depends on case dynamics and caregiver cooperation.</td>
<td>Do caregivers perceive any negative aspect in their ability to assure child protection/safety?</td>
<td>6. Identify the stage(s) of change that family members are in with respect to impending danger and diminished protective capacities.</td>
</tr>
<tr>
<td></td>
<td>What is the family’s perception regarding diminished protective capacities that may be resulting in impending danger?</td>
<td>7. Consider areas of agreement between CPS and the caregivers regarding what needs to change to create a safe environment.</td>
</tr>
<tr>
<td></td>
<td>What is the level of agreement between caregivers and CPS regarding diminished protective capacities and impending danger?</td>
<td></td>
</tr>
</tbody>
</table>
FIELD OBSERVATION TOOL

Worker Name:

Training Team Supervisor Name:

Date of Observation:

Case Type:

Observation Components:

Rapport Building and Respect:

Recommendations:

Skills in Client/Participant Engagement:

Recommendations:

Communication of reasons for BMCW involvement in case

---

1 This tool was developed by Al Rolph from Fond du Lac County.
Recommendations:

Maintaining focus on child safety:

Recommendation:

Understanding/communication of meeting purpose, goals and desired outcomes:

Recommendation:
Planning (i.e. case, safety, protective, family interaction, permanency, fosters parent support plan, independent living, etc):

Recommendation:

Ability to explain clearly in at the level appropriate for the family member:

Recommendation:

Skills in Interviewing:
Recommendation:

Skills in Crisis Management:

Recommendation:

Skills in Use of Support Materials:

Recommendation:

Skills in Interacting with Children:
Skills in use of Helper role:

Recommendation:

Skills in use of Authority role:

Recommendation:

Other Comments:
FIELD OBSERVATION FORM

TRAINER’S GUIDE

Goals:
(1) Give specific, concrete feedback to participants on their use of fundamental social work skills application safety intervention system concepts to actual casework
(2) Provide “real time” coaching and assistance to participants
(3) Build participants’ confidence and competence
(4) Build participants’ capacities to identify “small” successes and recover from setbacks or errors

Process:
(1) You are strongly encouraged to use this tool to structure all of your joint field work with participants. Complete AT LEAST TWO FORMAL OBSERVATION SESSIONS PER PARTICIPANT PER PHASE

(2) Schedule the observation session with participant.

(3) Prior to meeting with the family, review observations form and process with participant. Let him/her know that you will give some immediate feedback after the field activity and then give written feedback within 3 days of the activity.

(4) Review each question and ask participant to give examples of the skills called for. Whenever possible, ask participant to plan what he/she plans to say to the particular family members in question. This will make the practice more “real” and more immediately useful.

(5) After field activity, spend 15-20 minutes with participant. Begin by asking them how they think they did. This will give you important information about the participant’s level of self-awareness, knowledge of the requirements of the task, level of confidence, etc.

(6) Give immediate feedback. Focus on areas of strength as well as areas that need work.

(7) Complete written feedback within 3 days of the activity. Discuss with participant, making sure he/she understands recommendations and next steps.

---

1 Tool developed by Al Rolph, Supervisor, Fond du Lac County.
GUIDELINES FOR PROVIDING FEEDBACK

Feedback is most helpful when it is both specific and positively stated. It is easier to stop doing something that is counterproductive when a more helpful behavior can be substituted, so positively stated feedback is useful feedback.

Steps for Use in Practice in Triads: Interviewer – Interview subject – Observer

1. Observer: Start by asking the interviewer to describe what s/he did well or what s/he felt was effective in use of exploring and focusing skills. For example, Mary, what skill did you use well that helped Bob tell his story?

2. Observer: Encourage the interviewer to be behaviorally specific! “That’s great that you think you engaged Bob well. What did you do that made a difference?”

3. Observer: Once the interviewer has had the opportunity to self-assess what s/he did well, ask the interview subject to provide behaviorally specific feedback on something the interviewer did well to encourage the subject to explore his/her topic. For example, Bob what did Mary do well that helped you talk about your personal topic?

4. Observer: Once the interview subject has presented strengths-based feedback, then present your feedback to the interviewer on what s/he did well.

5. Observer: After confirming what was effective, ask the interviewer what s/he would do differently to be even more effective.

Observer: Again encourage the interviewer as well as the subject to be behaviorally specific in the assessment of what s/he would do differently. For example, if you had the opportunity to do this interview again, what is one skill you would use to help Bob tell his story?
# Observation of Skills / Techniques

## Practice Worksheet

<table>
<thead>
<tr>
<th>Skill</th>
<th>Observed Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exploring Skills</td>
<td>Physical attending</td>
</tr>
<tr>
<td>Recognizing and identifying strengths</td>
<td>Encouraging expression of feelings</td>
</tr>
<tr>
<td>Normalizing and Universalization</td>
<td>Objectivity</td>
</tr>
<tr>
<td>Reflections</td>
<td></td>
</tr>
</tbody>
</table>

Additional notes:

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Wisconsin Child Welfare Training System

Engaging to Build Trusting Relationships • Developed: October 2007
Adapted from The Child Welfare Policy and Practice Group; Montgomery, Alabama
May be reproduced with permission from original source for training purposes.
<table>
<thead>
<tr>
<th>Focusing Skills</th>
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<tbody>
<tr>
<td>Summarizing</td>
<td></td>
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<tr>
<td>Clarification</td>
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<td>Questions</td>
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<td>Concreteness</td>
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<td>Reframing</td>
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Additional notes:

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Wisconsin Child Welfare Training System
Engaging to Build Trusting Relationships - Developed: October 2007
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Interview Strategic Plan

1. Write the expression you will use to open the interview.

2. What is your understanding of the problem?

3. What strengths do you see in the person you will interview?

4. What do you want from the person in moving forward in the change process?

5. What do you think the person needs from you?

6. What techniques will be useful for this interview?
EXPECTATIONS WORKSHEET

Goals:
(1) To help you define your expectations and goals for your learning in the New Staff Training Academy
(2) To help you establish a working relationship with your Training Team Supervisor

Directions: Answer each of the following questions as completely as you can. Your answers will be your guide during the Training Academy experience and will also be a guide for your Training Team Supervisor. Make sure you are clear and complete!

(1) Now that you have been introduced to the Training Academy, what is your most important question about what you will learn?

(2) What is your most important question about what will be expected of you?
EXPECTATIONS WORKSHEET

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Directions: Answer each of the following questions as completely as you can. Your answers will be your guide during the Training Academy experience and will also be a guide for your Training Team Supervisor. Make sure you are clear and complete!

(1) Now that you have been introduced to the Training Academy, what is your most important question about what you will learn?

(2) What is your most important question about what will be expected of you?
(3) What aspect(s) of the Training Academy do you expect will most play to your strengths (i.e. education, work experience, learning style)?

(4) What aspects of the Training Academy experience do you expect to be the most challenging?
(5) What plan do you propose for dealing with the challenges mentioned in #3? Hint: How can your strengths help?

(6) What do you most want your Training Team Supervisor to know about how you learn best?
Case Documentation
Objectives

- Understand the importance of writing concise, summarized documentation into the case record.
- Differentiate process and summarization case documentation.
- Understand how accountability is achieved through case documentation.
- Understand documentation relative to the type of case management activity being conducted.
Group Activity

- On a scale of 1 to 10 with 1 being least important and 10 being most important, rate how important case documentation is to your work.
- List reasons why you believe case documentation is important.
- Indicate how much education or formal training you have had related to documentation.
If it is not Documented....... 

It was not.........
Principals of Effective Case Documentation

- Record Facts, Not Judgements
- Record Only Relevant Information and be Concise
- Summary Dictation, Not Process Recording
- Documentation must be relative to the standards or criteria of the casework activity
Record Facts, Not Judgements

- Record as concisely as possible what the worker sees, hears and experiences while working with the family. The record should document facts accompanied by clear behavioral descriptions.
Lana and Ben

- Lana is the 18-year old mother of Ben, a six-month old infant. The case was assigned to ongoing case management after Ben had been hospitalized for six weeks for severe malnutrition and failure to thrive. Ongoing was assigned to protect Ben and assure that he was being cared for properly.
• When I arrived at the home, Lana was disheveled and seemed drugged. She didn't seem happy to see me. I asked to see the baby. She resisted, and tried to change the subject. I finally convinced her I needed to see Ben. He was in his crib, and was filthy, dirty and depressed. He looked like he hadn't been out of his crib for several days. I told Lana I didn't think he was getting proper care. She got angry and more resistive. I asked what she had been feeding him, and she assured me he was eating, even though he looked as though he had lost weight again. I told Lana we needed to take Ben to the doctor immediately. Lana became belligerent and uncooperative. I took Ben to the emergency room myself.
Lana answered the door dressed in a nightgown, her hair was uncombed, and she said she had been sleeping. Her speech was slurred, thick, and halting. She appeared to stare past me; her eyes were partially closed and her face looked swollen. She asked why I was there. I reminded her we had an appointment and I asked to see Ben. She said he was sleeping and couldn't be disturbed. I insisted and followed Lana to the bedroom. The crib sheets and blanket smelled of urine and feces. Ben had a serious diaper rash. When I lifted Ben he seemed lighter than the last time. I told Lana we needed to take Ben to the doctor immediately. Lana swore at me and told me to leave her alone and that she would not go anywhere. I wrapped Ben in a blanket, called the police for assistance and we took Ben to the emergency room.
Many workers report extensive, unnecessary, run-on information in their case recording. This makes it difficult for the reader to extract relevant information.
• On September 17th, I met with Ricardo at his house. When I got there, Johnny was playing on a tricycle in the yard. Ricardo was not home from work; he was late, so I played with Johnny and talked with the babysitter. The babysitter said he had been eating and sleeping well and did not seem to be having any problems. When Ricardo arrived we went into the house and met in the living room. Ricardo said that his ex called and threatened to take him back to court for custody of Johnny. He asked me if I thought it was a good idea to file a restraining order. He said his babysitting arrangements were set when the sitter had to go back to school in the fall.
Home visit on 9/17, I visited with Johnny and the babysitter until Ricardo arrived home from work. The sitter reported that Johnny had been eating and sleeping well. Ricardo reported that his ex threatened to take him back to court to get custody of Johnny if she could not visit him when she wanted. She has frequently come to the house late at night to visit. Ricardo stated his concern about the possibility of her abusing Johnny during a visit and asked about getting a restraining order. Ricardo has arranged for his aunt to provide daytime care for Johnny in the fall.
Summarize....Not Process Recording

- Process recording is the verbatim, detailed, often blow-by-blow description of what happened during a case contact. It is wordy, redundant, and often confusing.
- Summary recording is a concise, summarized description of the important facts and events in the case. It enables the reader to quickly discern the family's needs, services provided, and outcomes.
Accountability

For documentation to meet the requirements of accountability it must contain meaningful:

- Observations
- Assessments
- Criteria used in formulating assessments
Assessments and Observations

- Linked to the workers observations of actions or situations.
- Observations of other professionals
- Information provided by the client or others in the clients family system
- Information found in records, reports, or other documents
Criteria – Standards

- Agency policy, procedure
- Human development, family systems, medical standards
- Safety Standards
- Practice concepts, principles, interventions
- Professional values and ethics
- Stated client preferences.
Group Activity

- View video
- Individual write a case note using the safety standards – Assessing Danger in Placement Homes
- In small groups write a case note using the safety standards – Assessing Danger in Placement Homes. Record case note on flip chart paper
UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WISCONSIN

JEANINE B. by her next friend
Robert Blondis; ALINE H. by
her next friend Wesley Scott;
MAURICE R. by his next friend
Wesley Scott; DOUGLAS R. by
his next friend Wesley Scott;
CAROLYN D. by her next friend
Cynthia Lepkowski; JAMES B. by
his next friend Mary Protz;
MINDI D. by her next friend
Sheila M. Smith; ALAN A. by
his next friend Sheila
Hill-Roberts; DARREN C. by
his next friend Chris
Velnetske; ALISSA S. by her
next friend Anne Marie Abell;
ROXANNE F. by her next friend
Shiyemi Adelabu; JOCELYN Z.
by his next friend Jane Moore;
KAREN M. by her next friend
Joan Zawikowski, individually
and on behalf of all others
similarly situated,

Plaintiffs,

vs.

TOMMY G. THOMPSON, in his
official capacity as
Governor of the State of
Wisconsin; GERALD WHITBURN,
in his official capacity as
Secretary of the Department
of Health and Social Services
of the State of Wisconsin;
F. THOMAS AMENT, in his official
capacity as the County
Executive of the County of
Milwaukee; THOMAS BROPHY, in his
official capacity as Director of the
Milwaukee County Department of
Human Services,

Defendants.

COMPLAINT 93-C-0517

Civil Action No.
INTRODUCTION

1. This is a civil rights action on behalf of children who may be or have been abused or neglected and are or should be known to the Milwaukee Department of Human Services ("Milwaukee County Department" or "DHS") and those children who have been placed in the custody of the Milwaukee County Department. The defendants in this action have systematically denied the plaintiff children their rights under the United States Constitution, federal statutory law, and Wisconsin state law.

2. The child-welfare system in Milwaukee County is in crisis. Reports of suspected abuse or neglect of children are not properly investigated; virtually no services are provided to children and their families so as to avert the unnecessary entry of children into foster care; planning for children who enter foster care is perfunctory and ineffective, resulting in children spending many years in government custody; placements for children are often inappropriate and unsupervised; and services to children and their families that would allow children either to return home or be adopted are grossly inadequate. Milwaukee County social workers are saddled with dangerously high caseloads -- an average of 100 families per worker -- and are poorly trained and supervised. County and state officials long have known that the Milwaukee County foster-care system is endangering the children it is supposed to safeguard and is violating federal and state law, yet they have failed to move to protect these children and to cure the legal violations.
3. The Milwaukee County Department of Human Services and the Wisconsin Department of Health and Social Services (Wisconsin DHSS) are the county and state government agencies responsible for performing state and federally mandated functions for children at risk of abuse or neglect and for children in foster care.

4. Those functions include, among others, investigating reports of suspected child abuse and neglect in a timely and appropriate manner; providing necessary services to children and families to enable children to remain at home whenever possible and protecting children who are the subject of such reports; investigating and assessing requests for and referrals to child welfare services; managing cases accepted for service through the development, review, revision and implementation of written case plans; providing appropriate placement, care, and necessary services to children, their families, and foster families; avoiding the unnecessary movement of children among different foster-care placements; reunifying children with their families whenever appropriate; protecting children from harm while in state custody; ensuring that all children, regardless of handicap or disability, receive the benefits of the state foster care program; and providing children with permanent and stable family relationships either by returning them to their own homes or by providing them with adoptive or other permanent placements.

5. The Wisconsin DHSS is the state agency that receives and disburses federal funding that is provided to the state to
aid in the administration of its federal and state mandated functions. It is responsible for ensuring that county child welfare agencies, such as Milwaukee County DHS, comply with federal and state mandates.

6. Milwaukee County DHS is directly responsible for those Milwaukee children reported to the agency as being abused and neglected and those children in the Department’s physical and/or legal custody and is responsible for ensuring that those children receive the services to which they are entitled under the law.

7. The defendants are systematically depriving Milwaukee children of their rights under state and federal statutory laws and under the United States and the Wisconsin Constitutions. The defendants long have been aware of the widespread failures in the Milwaukee child welfare system for which they are responsible and the resulting harm to children but have failed to take steps to remedy these violations of law and to halt the consequential damage to children.

8. Public officials repeatedly have gone on record documenting the failures in the Milwaukee foster-care program, which nevertheless continue and intensify. As one county official responsible for the child welfare system, Sharon Schulz, Administrator, Youth Services Division of the Milwaukee County Department of Health and Human Services, stated publicly on May 4, 1993, "The [child welfare] system does not appear to be working for anyone." Defendant Thomas Brophy has described the Milwaukee foster care situation as being in "a severe crisis
9. The Milwaukee DHS's failure to deliver to plaintiffs and other Milwaukee children the services and protections to which they are entitled is exacerbated by the Wisconsin DHSS' failure to provide the Milwaukee County child-welfare system with the funding, support, and supervision that it needs to perform its duties adequately. The state has consciously chosen to underfund the operation of Milwaukee's foster-care system, even with the knowledge that services being provided to Milwaukee children are inadequate and that children are being harmed.

10. Milwaukee DHS caseloads are five times those recommended by nationally recognized standards. This prevents Department workers from providing even minimally adequate protection for children and constitutes gross and intentional neglect. Hundreds of children receive no caseworker supervision at all. Instead, their cases are assigned to a computer for monitoring. Workers do not receive the training or supervision necessary to fulfill the county's legal obligations to the children who are dependent on Milwaukee DHS for protection, supervision, and planning for their future.

11. Planning to insure a permanent placement for children in foster care is grossly inadequate. Many children in DHS custody fare little better than they did in the homes from which they were removed.

12. Once children enter government custody it is difficult for them to escape without being further damaged by their stay in
state custody, in which they are moved from one temporary home to another and often are neglected by those who removed them from their own neglectful families. The length of time that Milwaukee children spend in foster care is so high that many children are being permanently damaged by their prolonged and unnecessary stays in government custody.

13. Intended as a temporary and benign system to further the best interests of children, the Milwaukee foster-care program has instead become a government system that violates almost all of its legal obligations to the children unfortunate enough to be dependent upon it for their protection and care.

14. The United States and Wisconsin Constitutions require that when the state uses its parens patriae power to take custody of a person for that person's protection, the state is then under an obligation to provide the required protection. The children of Milwaukee County's chaotic foster-care system have no such protection.

15. Two federal laws, the Child Abuse Prevention and Treatment Act and the Adoption Assistance and Child Welfare Act of 1980, prescribe in detail the minimum requirements of the system of care a state is required to provide to children who are the subjects of reports of abuse or neglect or who enter foster care. The defendants, with full knowledge of the requirements of these laws, have accepted federal funding and yet have chosen to operate a system that they know, or should know, is grossly inadequate and far out of compliance with federal law.
16. Two other federal laws, the Americans with Disabilities Act and the Rehabilitation Act of 1973, require that a state or county accommodate the special needs of those with disabilities when operating a service system funded in part with federal funds. The underfunded and undersupervised foster-care system in Milwaukee County not only fails to accommodate the special needs of children with disabilities or handicaps, it actively exacerbates those conditions through the neglect and abuse to which these children are exposed in the foster-care system.

17. Not only does the failing child-welfare system in Milwaukee County violate federal constitutional and statutory law, it also violate state laws. The Wisconsin Children's Code requires the Department to assess the risk of harm to children referred to it for protection in a timely fashion; to develop a plan of care designed to meet the needs of the child and family; to implement that plan in the least restrictive environment; and to deliver those services needed for the protection of the child, the reunification of the family, or the placement of the child with another permanent family. The Wisconsin Constitution states that no person shall have a right without a remedy, yet Milwaukee County DHS consistently denies children and families the rights granted in the Children's Code and leaves them no recourse.

JURISDICTION AND VENUE

18. This is an action pursuant to section 1983 of title 42 of the United States Code alleging violations of federal statutes
and the United States Constitution as well as violations of state law. The district court has jurisdiction over the federal claims pursuant to sections 1331 and 1343(a)(3) of title 28 of the United States Code and has pendent jurisdiction over the state claims.

19. Venue in this district is proper pursuant to section 1391(b) of title 28 of the United States Code because the claims arise in the district.

CLASS ACTION ALLEGATIONS

20. This action is properly maintained as a class action pursuant to Rule 23(b)(2) of the Federal Rules of Civil Procedure.

21. The plaintiff class includes the nearly 5000 children who, as the result of abuse or neglect or as the result of their parents voluntarily placing them in foster care, are in the legal and/or physical custody of the Milwaukee County DHS. The plaintiff class also includes those additional Milwaukee children who are or should be known to the Department as the result of suspected abuse or neglect.

22. The named plaintiffs are adequate representatives of the class. The violations of law alleged by the named plaintiff children are typical and representative of violations of law that pervade Milwaukee’s child-welfare system. In addition the harms suffered by the named plaintiffs are typical of the harms suffered by the class members.
23. The questions of law and fact common to the class include: (1) whether the defendants are responsible for a child-welfare system that conducts inadequate investigations of child abuse or neglect; (2) whether the defendants fail to protect children reported for abuse and neglect; (3) whether the defendants have implemented a preplacement preventive service program designed to help children remain with their families instead of entering foster care; (4) whether the defendants fail to provide appropriate placements and proper care to the children in their custody; (5) whether the defendants fail to create and implement appropriate plans for children to assure their proper care and permanent placement; (6) whether the defendants fail to offer necessary services to handicapped children to enable them to participate fully and receive the benefits of the state's foster care program; (7) whether the defendants' actions and inactions violate the plaintiffs' rights under the federal Adoption Assistance and Child Welfare Act of 1980; (8) whether the defendants' actions and inactions violate the plaintiffs' rights under the federal Child Abuse Prevention and Treatment Act; (9) whether the defendants' actions and inactions violate the plaintiffs' rights under the Fourteenth Amendment to the United States Constitution; (10) whether the defendants' actions and inactions violate the plaintiffs' rights under the Americans with Disabilities Act and the Rehabilitation Act of 1973; and (11) whether the defendants' actions and inactions violate the plaintiffs' rights under the Wisconsin Constitution, statutes,
and foster care regulations.

24. The named plaintiffs will fairly and adequately protect the interests of the class. The named plaintiffs are represented by attorneys employed by the Children’s Rights Project of the American Civil Liberties Union Foundation, a privately funded, national organization with extensive experience in complex class-action, child-welfare litigation and by an attorney who is employed by the American Civil Liberties Union Foundation of Wisconsin and who has litigation experience and familiarity with Wisconsin and federal law and practice. Counsel have the resources, expertise, and experience to prosecute this action. Plaintiffs appear by next friends who are state-court attorneys, social workers for those attorneys, or responsible and respected Wisconsin citizens. Counsel for the plaintiffs know of no conflicts among members of the class.

**PARTIES**

**The Named Plaintiffs**

25. Plaintiff JEANINE B is a twelve-year-old child who has been in the custody of Milwaukee DHS for six years.

26. Plaintiff Jeanine B appears by her next friend ROBERT BLONDIS. Mr. Blondis is an attorney who has practiced in Milwaukee for over twenty years and who has extensive experience representing children in the Milwaukee foster-care system.

27. Plaintiff ALINE H is a twelve-year old girl who has been in DHS custody since May 1988; her brothers plaintiffs DOUGLAS R and MAURICE R are eight and six and have been in
custody since July 1988.

28. Plaintiffs Aline H, Douglas R, and Maurice R appear by their next friend WESLEY SCOTT. Mr. Scott is a former Director of the Milwaukee Urban League and of the Social Development Commission, agencies that provide services to disadvantaged youth.

29. Plaintiff CAROLYN D is a five-year-old girl who has been in the custody of Milwaukee County DHS for two years.

30. Plaintiff Carolyn D appears by her next friend CYNTHIA A. LEPKOWSKI. Ms. Lepkowski is the court-appointed attorney for Carolyn D in the Milwaukee County Children’s Court.

31. Plaintiff JAMES B is an eight-year-old boy who has been in the custody of Milwaukee County DHS since shortly after he was born.

32. Plaintiff James B appears by his next friend MARY PROTZ. Ms. Protz has served as the social worker for the court-appointed attorney for James B in the Milwaukee County Children’s Court.

33. Plaintiff MINDI D is a twelve-year-old girl who has been in the custody of Milwaukee County DHS since she was eleven months old.

34. Plaintiff Mindi D appears by her next friend SHEILA M. SMITH. Ms. Smith is an attorney who has extensive experience representing children in foster care in Milwaukee.

35. Plaintiff ALAN A is a ten-year-old boy who has been in the custody of Milwaukee County DHS since 1988.
36. Plaintiff Alan A appears by his next friend SHELIA HILL-ROBERTS. Ms. Roberts has served as the court-appointed attorney for Alan A in the Milwaukee County Children’s Court.

37. Plaintiff DARREN C is a two-year-old boy who has been in the custody of Milwaukee County DHS since he was five months old.

38. Plaintiffs Darren C appears by his next friend CHRIS VELNETSKE. Mr. Velnetske has served as the court-appointed attorney for Darren C in the Milwaukee County Children’s Court since October 1991.

39. Plaintiff ALISSA S is eight years old and has been in the custody of Milwaukee County DHS for six and one-half years.

40. Plaintiff Alissa S appears by her next friend ANNE MARIE ABELL. Ms. Abell has served as the court-appointed attorney for Alissa S in the Milwaukee County Children’s Court.

41. Plaintiff ROXANNE F is a seven-year-old girl who has been in the custody of Milwaukee County DHS since October 1987.

42. Plaintiff Roxanne F appears by her next friend JULIA VOSPER. Ms. Vosper has served as the court-appointed attorney Roxanne F in the Milwaukee County Children’s Court.

43. PATRICIA S is a nine-year-old girl who has been in Milwaukee foster-care custody since October 1989.

44. Plaintiff Patricia S appears by her next friend OSHIYEMI ADELABU. Mr. Adelabu is the President of the Milwaukee Black Firefighters Association and is a co-founder of the Milwaukee branch of 100 Black Men. His work with children has
been recognized in the media and includes his activities with Planned Parenthood teen peer counselors.

45. Plaintiffs JOCELYN and DERRICK Z are a brother and sister who are eight and six years old, respectively and who originally entered foster care in February 1987.

46. Plaintiffs Jocelyn and Derrick Z appear by their next friend JANE MOORE. Ms. Moore has served as the social worker for the court-appointed attorney for Jocelyn and Derrick in the Milwaukee County Children's Court.

47. Plaintiff KAREN M is a sixteen-year-old girl who has been in Milwaukee DHS custody since February 1992.

48. Plaintiff Karen M appears by her next friend JOAN ZAWIKOWSKI. Ms. Zawikowski has served as Karen's court-appointed attorney in the Milwaukee County Children's Court.

Defendants

49. TOMMY G. THOMPSON is sued in his official capacity as the governor of the State of Wisconsin. Governor Thompson is responsible for ensuring that government agencies in the state operate in compliance with applicable provisions of state and federal law.

50. GERALD WHITBURN is sued in his official capacity as the Secretary of the Wisconsin Department of Health and Social Services. Gerald Whitburn is responsible for the policies, practices, and operation of social services agencies in the state and for ensuring compliance by those agencies with applicable provisions of state and federal law.
51. F. THOMAS AMENT is sued in his official capacity as the County Executive of the County of Milwaukee. F. Thomas Ament is responsible for ensuring compliance with applicable provisions of state and federal law by all government agencies within the county.

52. THOMAS BROPHY is sued in his official capacity as Director of the Milwaukee County Department of Human Services. Mr. Brophy is responsible for the policies, practices, and operation of the Milwaukee County Department of Human Services and for ensuring compliance by the Department with applicable provisions of state and federal law.

APPLICABLE STATUTES

53. In addition to alleging that the defendants are violating their constitutional rights, the plaintiff children allege that defendants are violating federal and state statutory rights. The federal rights arise under the federal Adoption Assistance and Child Welfare Act of 1980 ("Adoption Assistance Act") (codified as amended at 42 U.S.C. §§ 670-679a and 42 U.S.C. §§ 620-628); the federal Child Abuse Prevention and Treatment Act ("Child Abuse Act") (codified as amended at 42 U.S.C. §§ 5101-5106a); the Americans with Disabilities Act ("ADA") (codified at 42 U.S.C. §§ 12121-12150); and the Rehabilitation Act of 1973 ("Rehabilitation Act") (codified at 29 U.S.C. § 794). The plaintiff children also allege that defendants are depriving them of state law entitlements created by the Wisconsin Children’s
Code (codified as amended at Wis. Stats. §§ 48.01-48.995 (1992); Wis. Admin. Code §§ HAA 42.01-42.06 (May 1992); 49.01-49.08 (June 1989); 50.01-50.10 (September 1992); 52.01-52.55 (October 1988); 54.01-54.04 (June 1986); 56.01-56.10 (August 1990); 57.01-57.08, 59.01-59.07 (June 1986); 65.01-65.08 (January 1987)); and by the Wisconsin Constitution.

54. The federal Adoption Assistance Act requires that there be a preplacement preventive service program designed to help children remain with their families; that all children in foster care have written case plans developed and reviewed within specified time periods; that these plans contain specified elements; that there be a service program designed to help children, where appropriate, return to their families or be placed in adoptive or other permanent homes; that appropriate services be provided to children, their parents, and their foster parents to address each child’s needs and to assure each child’s permanent placement; that each child receive proper care; that the homes or institutions in which children are placed conform to national standards and that foster care payments are appropriate; that children be placed in the least restrictive, most family-like setting; that children receive periodic judicial or administrative reviews; and that there be an adequate information system.

55. The federal Child Abuse Prevention and Treatment Act requires that prompt investigations be initiated into reports of abuse and neglect and that appropriate steps be taken to protect
children who are the subjects of such reports. The Act also requires that the governmental agency responsible for investigating complaints of abuse or neglect have in place procedures, personnel, and facilities adequate to "deal effectively with child abuse and neglect cases."

56. The Americans with Disabilities Act and section 504 of the Rehabilitation Act prohibit discrimination against handicapped individuals in federally funded programs and require that federally funded programs such as child welfare and foster care administer services and programs so as to enable those children with handicaps, including physical and emotional handicaps, to participate fully and receive the benefits of such programs.

57. Wisconsin law imposes specific obligations on the defendants concerning the plaintiffs and the members of their class. The explicit legislative purpose of the Wisconsin Children's Code is to "provide for the care, protection and wholesome mental and physical development of children, preserving the unity of the family whenever possible," to "respond to children's needs for care and treatment through community-based programs," "to promote the adoption of children into stable families rather than allowing children to remain in the impermanence of foster care," "to provide children . . . with permanent and stable family relationships," "to allow for termination of parental rights at the earliest possible time after rehabilitation and reunification efforts are discontinued
and termination of parental rights is in the best interest of the child," and to ensure that "[t]he best interest of the child shall always be of paramount consideration." The code contains specific mandates governing the manner and time periods in which abuse and neglect reports should be investigated; the services that must be provided to children and families to avoid the need for foster care placement; the timing and content of written "permanency plans" that must be developed for children; the evaluations necessary to determine appropriate placements; mandated time periods for the provision of medical care; time periods and processes for ensuring adoption for children; and detailed procedures and standards for the licensing and supervision of placements. Finally, state law provides for hearings within twenty-four hours of a child being taken into custody and for dispositional and extension of placement hearings before the Children's Court.

GENERAL FACTUAL ALLEGATIONS

Named Plaintiffs

58. Plaintiff JEANINE B is a twelve-year-old girl who has been in Milwaukee DHS custody for six years. Jeanine was reported to the Department in 1986, based on her mother's neglect and the possibility that her mother's boyfriend was sexually abusing her. After being moved among relatives and briefly returning to her mother's care, Jeanine was placed by the Department with her grandmother in October 1986. Jeanine was placed in foster care in June 1988, when her grandmother moved to
Puerto Rico and indicated that she was no longer willing to care for her granddaughter.

59. Although Jeanine has been experiencing increasing emotional problems, Milwaukee DHS has failed to do necessary evaluations or assessments to determine the causes of those emotional problems or to develop a plan to treat those problems. Indeed, the language of Jeanine’s plans from one year to the next is virtually identical.

60. The Department has long been aware that Jeanine has special needs because of her emotional problems and disabilities but has failed to place her in an appropriate foster home that can address those needs or provide her with necessary supervision and services. Since she has been in Milwaukee DHS custody, Jeanine has been in six different foster homes.

61. In one of her foster homes, she was placed by Milwaukee DHS with a family that was responsible for twelve children, six of whom attended a day-care program in the home. In November 1989 this foster father struck Jeanine with a plastic container and stitches were necessary to close the wound. The foster mother referred to the then ten-year-old Jeanine as a "whore."

62. In July 1990 Jeanine’s therapist expressed concerns that Jeanine was regressing in her current foster home placement and warned that "current conditions at the foster home are unacceptable" and that Jeanine was in need of a treatment foster home. At this time, however, Milwaukee DHS made no efforts to locate a treatment foster home to meet her needs nor to find an
adoptive home for her, even though the Department's goal for her was adoption. Jeanine remained in that foster home for another two years.

63. Jeanine is now living in her sixth temporary foster home.

64. During at least part of the time Jeanine has been the responsibility of Milwaukee DHS there has been no worker assigned to handle her case, to supervise her placement, or to plan for her.

65. Milwaukee DHS, which has not known the whereabouts of Jeanine's mother for most of the time Jeanine as been in foster care, reported in 1989 that Ms. B had a serious drug and alcohol problem and had never followed through on a drug treatment program. Nevertheless, their goal for Jeanine in 1989 was to return her to her mother's custody. Milwaukee DHS did not have any concrete plans for how this goal was to be accomplished or what responsibility DHS would take in implementing plans to achieve this goal.

66. In 1990 the DHS goal for Jeanine was to have parental rights terminated so that she could be adopted. That goal has remained the same in Milwaukee DHS's 1991, 1992, and 1993 plans. Despite this, Milwaukee DHS has never tried to locate an adoptive home for her.

67. In the 1992 plan DHS reported "The taget [sic] date for achieving this plan is March 26, 1993. At this time we have not found major obstacles for achieving this plan for the target
date."

68. In 1993 DHS reported, "The target date for achieving this plan is March 26, 1994. At this time we have not found major obstacles for achieving this plan for the target date."

69. Milwaukee DHS has still failed to seek a court order terminating parental rights for Jeanine or to find a permanent adoptive home for her.

70. The defendants have violated Jeanine's constitutional and statutory rights by failing to protect her from harm and to provide her with proper care, by failing to develop and implement a case plan that contains the elements required by law, by failing to obtain and supervise an appropriate placement for her, by moving her from one foster home to another, and by failing to take steps to assure her a permanent placement.

71. Because of the defendants' actions and inactions, Jeanine B has been and continues to be irreparably harmed, to grow up without a permanent family, to be subjected to the uncertainty of foster care status, and to be deprived of an opportunity for healthy development and a normal childhood.

72. Plaintiff ALINE H is a twelve-year old girl who has been in DHS custody since May 1988; her brothers plaintiffs DOUGLAS R and MAURICE R are eight and six and have been in custody since July 1988. At the time they entered foster care, Aline was seven, Maurice was three, and Douglas was eighteen months old.

73. Aline, Douglas, and Maurice entered Department custody after they were physically and sexually abused in the home of
their mother. At the time of the abuse, the Department had custody of their sister Caroline. Despite the fact that the Department thus knew or should have known of Aline, Douglas, and Maurice, it failed to protect these children from the abuse they suffered, which has resulted in serious emotional trauma for these children.

74. In March 1988 the Department learned that Aline had been missing from school since November 6, 1987. According to an internal Department document, a Department social worker met with school officials on March 14, 1988, about the problem. The worker then visited the children's home, as a result of which the worker reported on March 16, 1988, "I did substantiate this as a case of neglect."

75. Two months later the Department received new reports of suspected neglect of the children. At that time, Aline had still not returned to school, and the Department had failed to follow up on the March 1988 substantiated neglect. According to a petition filed on May 27, 1988, Department workers visited the children's house on May 24, 1988, and "smelled an odor of urine, mustiness, and dirt." The report continued, "[T]he kitchen [was] cluttered with dirty dishes, old food, and numerous debris on all of the available counter space and table top. . . . Upon opening the refrigerator, they found some juice and some fresh milk but other than than [sic] there was vegetables and old food with mold dried on it and a dead roach lying on top of one of the pans in the refrigerator. . . . Mr. B [the DHS social worker] reports that
in early March upon doing the home visit at that time, he
observed two bedrooms and in each there was a mattress on the
floor."

76. Following the May 1988 visit, the Department sought and
obtained custody of Aline. At the same time Maurice and Douglas
remained in the home.

77. Two months later a Department worker returned to the
home in which Maurice and Douglas were still living. According
to a Department report, the visiting worker, on July 28, 1988,
"found the conditions to the home [sic] to be unchanged and, in
fact, had deteriorated." Specifically, the electricity had been
cut off, something about which the Department knew but had done
nothing to correct. Maurice and Douglas were then removed from
their mother without the Department having offered or provided
any services to the mother.

78. Since they entered the Department’s custody, Aline,
Maurice, and Douglas have been assigned to three different
workers. The frequent change of workers has disrupted permanency
planning for these children and has resulted in unnecessary and
harmful delays in obtaining permanent homes for them.

79. Maurice, who is experiencing progressively worse
emotional problems, is the in the foster home of Mrs. R. Mrs. R,
who lives outside of Milwaukee County, informed the Department
many years ago that she would like to adopt Maurice and recently
told the Department that she would move to Milwaukee County to
assure that he receives the special education he needs; she even
has gone so far as to purchase real estate in Milwaukee County so that she could enroll Maurice in special-education classes. However, in April 1992, the Department changed Maurice’s planning goal to long-term foster care, and it has refused to take any steps that would permit Mrs. R to adopt this eight-year-old boy.

80. Aline and Douglas are in the foster home of Mrs. G, who is the daughter of Maurice’s foster mother. Mrs. G. has informed the Department that she would like to adopt Aline and Maurice, and the children have told their worker that they would like to be adopted by Mrs. G.

81. Three years ago a Department adoptions worker visited Mrs. G’s home. Mrs. G has never heard back from the worker or anyone else about adoption. The Department has refused to proceed with adoption and instead has chosen long-term foster care as the planning goal for these two children.

82. Since at least 1989 Aline’s therapist has recommended that Aline be adopted and has recommended that Aline not visit with her mother. Despite this and despite Aline’s request that she not visit with her mother, the Department has forced Aline to continue frequent visitation with her mother.

83. Maurice and Douglas are both experiencing serious behavioral problems, many of which are attributable to the abuse and neglect they suffered in their mother’s home. Even though adoptive placements are available for these children, the Department has refused to make efforts to allow these children to be adopted because of their disabilities.
84. Because of the Department's failure to take timely and meaningful steps towards having these children adopted, Aline, Maurice, and Douglas are being deprived of being their opportunity of being adopted and instead are at risk of becoming long-term wards of the state.

85. The defendants have violated the constitutional and statutory rights of Aline, Maurice, and Douglas by failing to protect these children from abuse or neglect, by failing to provide preventive services that might have averted their entry into foster care, by failing to develop and implement a case plan that contains the elements required by law, by failing to provide planning and services to these children that would permit them to be placed in a permanent adoptive home, and by denying Maurice and Douglas of government benefits because of their disabilities. As a result of the defendants' actions and inactions, these children have been and are being irreparably harmed.

86. Because of the defendants' actions and inactions, Aline, Maurice, and Douglas have been and continue to be irreparably harmed, to grow up without a permanent family, to be subjected to the uncertainty of foster care status, and to be deprived of an opportunity for healthy development and normal childhoods.

87. Plaintiff CAROLYN D is a five-year-old girl who entered Department custody in 1991 and remains in custody to date.

88. She and her brother Stewart, who is four, have been the subject of several neglect reports. At least one of those
reports was substantiated in May 1991. The Department worker who investigated the case determined that the D family home was filthy, as were the children, that there was an absence of adequate food in the home, and that Stewart, a child with serious medical problems, was not being taken to scheduled rehabilitative treatment sessions.

89. Milwaukee DHS made these determinations, yet left the D children in their parents’ home and made inadequate efforts to provide services to the D family so that the neglect would not continue.

90. After the death of Mr. D in July 1991, Ms. D moved Carolyn and Stewart to another family’s home, in which the man had a history of substance abuse and violence toward his wife and children. This family was under a court order of supervision related to the man’s physical abuse of a child.

91. In August 1991 a DHS worker visited Ms. D at this home to assess what medical services the children were receiving, and to investigate why Stewart’s attendance at rehabilitative therapy was so infrequent. In October 1991 the Department removed Carolyn and Stewart from Ms. D’s custody under a neglect petition and placed them in the home of a paternal aunt.

92. In September 1992 Carolyn was moved into a new foster home with a Milwaukee DHS foster parent because her paternal aunt, the original caretaker, felt she could not adequately address the special needs of both Carolyn and Stewart while caring for her own two children. Although Carolyn was removed
from her aunt's home, Stewart was not moved and lives there at the present time. The children see each other at occasional family gatherings, but visits between these two children are never arranged by Milwaukee DHS.

93. Carolyn suffers from asthma, and it is suspected that she is developmentally delayed.

94. Regular, separate visitation is scheduled between Ms. D and Carolyn once a week. Carolyn stays overnight on weekends in her mother's home where Ms. D's live-in boyfriend, a man with a substantial criminal record who was released from the House of Correction in the fall of 1992, also resides. No Department worker has supervised any of Carolyn's visits in Ms. D's home. Carolyn recently stated that, during one home visit, she and her mother were locked out of the house with no money by the mother's live-in boyfriend. Ms. D was recently evicted and has moved to a new residence, which the Department has not inspected.

95. Carolyn becomes upset and hostile and regresses into bed-wetting after visits with her mother. After the DHS worker increased visitation to weekend overnights in April 1993, Carolyn suddenly began displaying sexually inappropriate behavior. In May 1993 this five-year old child displayed her genitals to her religious school classmates and spread her legs in the presence of an adult male saying "kiss my pee-pee."

96. Carolyn has told her foster mother that she no longer wishes to spend weekends with her mother. Milwaukee DHS has done nothing to address this problem. Nor has the Department made any
individualized assessment of what kind of support and services Ms. D needs to be able to provide adequate care for her children to ease Carolyn's transition back into Ms. D's home or to determine whether Ms. D can provide adequate care for Carolyn if she is returned.

97. The Milwaukee DHS plan for Carolyn is to return her to Ms. D, but Department workers have done nothing to help Ms. D address the problems that led to the neglect of her children or that would enable them to return to her care.

98. Milwaukee DHS's neglect of this case has been so noteworthy that on February 24, 1993, a Children's Court judge directed Milwaukee DHS to turn the case over to a private agency. However, Milwaukee DHS has failed to follow through on the transfer, has failed to provide services itself, and has failed to schedule Carolyn's court-ordered reevaluation and testing.

99. Although on February 24, 1993, the judge ordered Carolyn returned to her mother within six months, Milwaukee DHS has failed to provide the necessary reunification services or to arrange that the services be provided so that Ms. D will be able to provide adequate care to her children, has failed to address Carolyn's problems, and to determine the circumstances of Ms. D's present living situation and whether it is harmful to the children.

100. The Department's current permanency goal for Carolyn is "return home," but the Department has failed to assess whether such a plan is realistic and feasible, has failed to determine
the services and steps necessary to accomplish this goal, or set any realistic timetable in which to determine whether this goal can be accomplished or whether another permanent goal is in Carolyn's best interests.

101. The defendants have violated Carolyn's constitutional and statutory rights by failing to make reasonable efforts to avoid the need for foster care placement or to provide services necessary to reunify Carolyn with her mother, by failing to protect Carolyn from harm and to provide her with proper care, by failing to develop and implement a case plan that contains the elements required by law, and by failing to take steps to assure Carolyn a permanent, appropriate placement, with her mother if possible and appropriate, and with another permanent family if she cannot be returned to her mother.

102. Because of the defendants' actions and inactions, Carolyn D has been and continues to be irreparably harmed, to grow up without a permanent family, to be subjected to the uncertainty of foster care status, and to be deprived of an opportunity for healthy development and a normal childhood.

103. Plaintiff JAMES B is an eight-year-old boy who has been in Milwaukee DHS custody since shortly after he was born.

104. James's mother is a woman who has grown up in foster care. James was taken into custody when his mother had to be hospitalized at a mental health center shortly after his birth. The child was returned to her for five months and then returned to foster care in January 1986 because his mother was unable to
provide adequate care for him.

105. James's mother told Milwaukee DHS in 1986, after James reentered foster care, that she might not ever be able to care for him and that she wanted him to have a good permanent home. Rather than taking any steps to resolve the situation, Milwaukee DHS waited for James's mother to make up her mind.

106. In 1987 Milwaukee DHS noted that Ms. B's psychological condition was deteriorating and that she was still vacillating about whether she wanted to ever have James returned. However, Milwaukee DHS did not provide any services to Ms. B to enable her to resume custody of James. Nor did it act when James's foster parents expressed interest in adopting him. The Department's goal for James at that time was nevertheless to be returned to his mother, although the Department noted that "the Department will be seriously considering changing this plan to termination of parental rights and adoption of the child if the natural mother does not make any progress in the near future."

107. In 1988 the Milwaukee DHS changed James's plan to adoption but noted that action to terminate parental rights had been delayed "because of changing circumstances."

108. Although Ms. B.'s mental health problems remained serious, the Department's goal was changed to return home in 1989, after she married, even though she and her new husband, who was known to have violent behavior, had been repeatedly evicted from their home. The Department worker stated that James's plan was changed in part because the worker felt "she has not had
enough personal contact and data to successful [sic] gain a TPR at this time."

109. When Ms. B changed her mind again in 1990, and told Milwaukee DHS that she wanted to surrender James for adoption, the Department decided that Ms. B might not understand the implications of a voluntary surrender and that the Department's "next course of action would be possible involuntary TPR." A psychological report prepared at that time concluded that Ms. B did not have "sufficient emotional resources with which to meet the responsibilities of parenthood." In 1987, however, Ms. B gave birth to a child in Florida for whom her parental rights were immediately terminated.

110. Nevertheless, the Milwaukee DHS continued to arrange visits between Ms. B and James, even though Ms. B had once kidnapped the child from foster care and taken him out of state. Visitation has been sporadic and James's behavior after visits with his mother has been aggressive and agitated.

111. James has reacted so negatively to overnight visits with his mother that those visits have been stopped by the Department. The visits have been increasingly painful for James, who started to shake when questioned about them because of fear that he might be returned to Ms. B, whom this eight-year-old boy has stated he does not really believe to be his mother.

112. Throughout 1991 and 1992 Milwaukee DHS continued to maintain a plan to have James freed for adoption and placed in an adoptive home but continued to fail to act on this plan. To this
date, Milwaukee DHS has still failed to implement its plan to have this child adopted, has not yet referred him to the Adoption Unit, nor has a petition for termination of parental rights been filed.

113. James continues to have visits with Ms. B that are painful and upsetting to him and he is fearful about these visits and about his future.

114. James has lived with the same foster parents during most of the time he has been in Milwaukee DHS custody. However, this child receives only marginal care in the home, which is chaotic. There are five other children in the home, including four foster children, and James receives little attention and affection. Many different foster children have been in and out of this home, and one foster child has died. James has not received regular medical or dental care. The foster family is no longer interested in adopting James because of his family history of mental illness and alcoholism, and it is not likely that this would have ever been an appropriate adoptive home for him in any case.

115. This eight-year-old child is an essentially normal child who has been deprived of a loving, stable family relationship solely because of the Milwaukee DHS' own indecision in the face of Ms. B's vacillation, the constant changes in Department social workers assigned to his case, and the Department's failure to act on its own plans. Meanwhile, James is continuing to suffer the pain, uncertainty, and continuing
damage caused by Milwaukee DHS' inaction and from the unsuitability and transience in his foster home.

116. The defendants have violated James's constitutional and statutory rights by failing to protect him from harm and to provide him with proper care, by failing to develop and implement a case plan that contains the elements required by law, by failing to obtain and supervise an appropriate placement for him, and by failing to take steps to assure him a permanent placement.

117. Because of the defendants' actions and inactions, James B has been and continues to be irreparably harmed, to grow up without a permanent family, to be subjected to the uncertainty of foster care status, and to be deprived of an opportunity for healthy development and a normal childhood.

118. Plaintiff MINDI D, who is twelve years old, has been in foster care since she was eleven months old. She was placed with Milwaukee DHS after her mother tried to give her away to a man in a furniture store.

119. Mindi's mother has seen her only twice during the time that Mindi has been in foster care, in 1982 and 1983. Ms. D is presently serving a lengthy prison sentence.

120. Since shortly after Mindi entered foster care, Milwaukee DHS' plan for this child had been termination of parental rights and adoption although DHS has not taken necessary steps to implement this plan.

121. Milwaukee DHS reported in 1983 that termination proceedings might be initiated the following year, and this
statement was repeated in 1984. In 1985 the Department reported that termination proceedings had been initiated, a statement that was repeated in 1985, 1986, 1987, 1988, and 1989. In 1990 the Department reported that the permanent plan for Mindi was termination of parental rights and that Milwaukee DHS was arranging for termination on an ongoing basis. In 1991 the Department again reported that the permanent plan for Mindi was termination of parental rights and adoption and indicated that several obstacles had prevented Milwaukee DHS from achieving this goal, although there was no explanation as to the nature of the obstacles. The 1992 report from the Department contained identical language as that in the 1991 report. The Department's 1993 report contains absolutely no mention of the permanent plan for Mindi.

122. When she entered foster care, Mindi, who is African-American, was placed by Milwaukee DHS with a foster family who is white. They have provided good care for her and for the first several years after Mindi was placed with them made clear to Milwaukee DHS that they were interested in adopting her. In 1987 Milwaukee DHS told the foster family that they would not be considered as adoptive parents for Mindi. The Milwaukee DHS adoption worker stated that since the foster parents had adopted other children, the worker wanted Mindi adopted by someone who had never had the opportunity to adopt a child.

123. In addition Milwaukee DHS had a policy of discouraging trans-racial adoptions. Nevertheless, the Department failed
either to seek or to secure an African-American adoptive family for Mindi. Instead, the Department left her with her white foster parents for eleven years. She is now deeply attached to these parents who are the only family she has ever known. However, the family is no longer interested in adopting Mindi. They have stated that several of their family members are prejudiced and strongly object to the adoption. In addition, they are concerned about the behavioral problems that Mindi is now exhibiting and are fearful that these problems will increase in severity. Under these circumstances, they no longer wish to make a permanent commitment to this child.

124. Mindi is now exhibiting behavioral problems that are interfering with her schooling. She is very frightened about her uncertain status and with whom she will grow up. Her mother has asked to visit Mindi and, because parental rights have never been terminated, Ms. D pressed her request. Visitation has been refused thus far, based on psychological evaluations of both the mother and of Mindi.

125. Although Mindi is a bright child, her I.Q. score has been dropping, and a psychological report in 1990 described her as a very vulnerable and fragile child. The report noted that her learning problem "revolves around the child's knowledge of the potential, at some point in the future, for her to lose the most rudimentary underpinnings of her emotional stability, the basic availability of her 'mother' and her 'father,'" her current foster parents.
126. On the one hand, Milwaukee DHS refused to provide a permanent adoptive placement for this child because the child and the foster parents were of different races. On the other hand the Department failed to provide an alternative same-race family for this child and allowed the child to form a parent-child relationship with her foster family.

127. Mindi has already been severely emotionally damaged because of the impermanence in her life and continues to be damaged by Milwaukee DHS's failure to implement a satisfactory permanent plan for her.

128. Defendants have violated Mindi's constitutional and statutory rights by failing to protect her from harm and to provide her with proper care, by failing to develop and implement a case plan that contains the elements required by law, by failing to take steps to assure her a permanent placement, and by depriving her an adoptive home solely because of her race.

129. Because of the defendants' actions and inactions, Mindi D has been and continues to be irreparably harmed, to grow up without a permanent family, to be subjected to the uncertainty of foster care status, and to be deprived of an opportunity for healthy development and a normal childhood.

130. Plaintiff ALAN A will be 10 years old in June 1993. He was placed in foster care custody in December 1988 in Waukesha County when his mother disappeared on New Year's Eve. The case was transferred to Milwaukee County because Alan's mother resided primarily in Milwaukee County.
131. In July 1991 the Children’s Court ordered that Alan participate in therapy with a specific therapist, who should also make a recommendation about Alan’s future visits with his mother.

132. In November 1992 the Department returned Alan to his mother’s home.

133. After Alan was returned to his mother in November 1992, Milwaukee DHS did not supervise the home or provide services to Alan or the A family to ensure that Alan was receiving proper care, was adjusting to his reunification with his mother, and was not in danger of further neglect or abuse.

134. In January 1993 the DHS worker responsible for this case, who had failed to follow-up after Alan was returned to his mother, was notified that Alan’s mother had attended only one appointment for family therapy in November 1992, had missed appointments in December 1992 and January 1993, and had not scheduled any further appointments. The worker took no action in response to this information.

135. Had a Department worker properly supervised Alan’s return to his mother’s custody, the worker would have learned that Ms. A was not arranging therapy for Alan as required by the court, that Alan’s 16-year-old sibling, Allison A, and his mother’s live-in boyfriend, Dwight H, were residing in the home, that Ms. A was not participating in required AODA counseling, that she had been evicted from two different residences in the past year, and that she was to be evicted from her present residence on March 31, 1993.
In February 1993 Ms. A was arrested for forgery and "uttering." Subsequent to her arrest, her Probation Officer placed a "hold" on her because of the pending charges and because she had tested positive for drug use. She has been in custody since her arrest and the Division of Corrections is attempting to revoke her probation.

After his mother’s arrest, Alan was left in the care of his sister, Allison, and his mother’s live-in boyfriend Dwight H. Dwight H had not been investigated by the Department, to ensure that he was a responsible adult capable of caring for the two A children.

On March 9, 1993, a child protective service referral indicated that the West Allis Police Department had found that Dwight H. had struck Alan on the right leg with a belt, leaving a two-inch red mark. He had also struck Alan on the back with his hand, leaving a hand print.

Also on March 9, 1993, Alan’s Children’s Court guardian ad litem received a report that Alan’s mother had been in jail since February, that Alan was being cared for by his sixteen-year-old sister, and that his mother’s live-in boyfriend had physically abused him. The guardian ad litem also learned that Allison had been in foster care and had experienced drug and alcohol problems.

On March 9 and 10, 1993, the assigned Department caseworker and her supervisor received messages regarding the lack of a responsible adult caretaker in Alan’s home and the
allegations of physical abuse. Neither of the Department employees responded to these messages.

141. A Department intake worker contacted Alan’s guardian ad litem and told her that he had substantiated the Police Department’s referral of Alan’s physical abuse and that he had advised the caseworker and her supervisor that he did not believe that there was adequate adult supervision in the home while Ms. A was in jail. The intake worker stated that the decision to detain Alan was up to the assigned worker.

142. On the afternoon of March 12, 1993, Alan’s guardian ad litem and the Assistant District Attorney on the case informed the Children’s Court duty judge of Alan’s living situation and of the physical abuse. The duty judge granted a pick-up order regarding both of the children in the home.

143. Although the Department received notice of the pick-up order on March 12, 1993, Alan was not taken into Department custody until March 16, 1993.

144. Alan was placed by the Milwaukee DHS in a temporary receiving home and remains in that home at the present time. He is not receiving any treatment for the emotional damage he has been experiencing since he was returned to and removed from his mother’s custody.

145. The psychologist who had evaluated Alan in 1991 performed another psychological evaluation of Alan on May 12, 1993. During their interview, Alan indicated that since his return home, his mother and sister had been using drugs in the
home and that Dwight had hit him several times.

146. This psychologist has diagnosed Alan as suffering from Cysthymia (Depressive Neurosis) and indicated that the outlook for Alan's return to his natural mother was "poor" and "not appropriately the case in the foreseeable future, considering the damage that has already been done to the child by virtue of the natural mother's impact."

147. Alan's maternal grandmother has been accompanying Alan on visits with his mother at the jail since her March 1993 incarceration. During these visits, Ms. A has shown Alan her bruised arms and told him that the bruises were "track marks" resulting from past drug use. Ms. A also described to Alan incidents of oral sex occurring between female inmates in the jail. Alan has been very disturbed by these comments.

148. The Milwaukee DHS worker assigned to Alan's case received a written report from Alan's guardian ad litem describing the problems encountered during Alan's visits with his mother. It was requested that any future visitations between Alan and his mother be supervised by the worker because of the possibility of ongoing psychological harm to Alan. The worker responded by letter that she would be unable to supervise visits between Alan and his mother.

149. The Department's current permanency goal for Alan is "return home," but the Department has failed to assess whether such a plan is realistic and feasible, has failed to determine the services and steps necessary to accomplish this goal, or set
any realistic timetable in which to determine whether this goal can be accomplished or whether another permanent goal is in Alan's best interests.

150. Defendants have violated Alan's constitutional and statutory rights by failing to protect him from harm and to provide him with proper care, by failing to develop and implement a case plan that contains the elements required by law, by failing to obtain and supervise an appropriate placement for him, and by failing to take steps to assure him a permanent placement or to provide Alan and his mother with services and supervision necessary to enable him to be returned safely to her care.

151. Because of the defendants' actions and inactions, Alan has been and continues to be irreparably harmed, to grow up without a permanent family, to be subjected to the uncertainty of foster care status, and to be deprived of an opportunity for healthy development and a normal childhood.

152. Plaintiff DARREN C is a two-year-old child who was taken into Milwaukee DHS custody in October 1991, when he was five months old. His mother, Leona L, who was sixteen at the time, had left Darren with his maternal grandmother and could not be located. The grandmother could not care for Darren because of her own health problems, and she contacted DHS to take the baby.

153. On March 12, 1992, both Darren and Leona were declared children in need of protection and services due to parental inability to provide necessary care. Mother and son were initially placed together in the same foster home, but Leona was
moved to a different foster home sometime in June of 1992. Darren remained in the original foster home.

154. The Department has established Leona's plan as independent living, and Darren's plan as return home. Although Darren is to return to his mother's care, the Department has not provided independent living services for Leona to enable her to establish a home and to live on her own. Leona cannot reunite with her son until she accomplishes this, but she has not been provided with the skills or financial means necessary to do so. Without these services, she may never be able to assume custody of her son Darren.

155. Leona has maintained regular contact with Darren, including overnight weekend visits, and wants to regain custody of her baby. She is attending school and has taken parenting classes required as a condition of having the baby returned to her. She has also been employed for the past ten months at a local restaurant. The only court-ordered condition she cannot fulfill is to maintain a suitable residence for two-year-old Darren and to demonstrate an ability to manage a household independently. The Department has failed to provide her with the services necessary to achieve those goals.

156. Leona has turned eighteen, and Milwaukee DHS' custody over her has expired. She will remain in her foster home until the middle of June 1993, at which point she will be on her own. Leona has asked her Milwaukee DHS worker for assistance in finding a place to live, but the worker has refused to help,
suggesting that she move in with a relative or friend. Leona was never offered independent living services, yet the Department expects her not only to leave her foster home, but also to locate, establish, and maintain a suitable home for her two-year-old child.

157. Although Leona has a strong desire to make a home for her baby, she is having difficulty preparing to do so, and has not received the necessary support, services and guidance from Milwaukee DHS that will enable her to establish and maintain a household so that she can provide proper care and supervision to Darren.

158. Meanwhile, Darren is growing increasingly attached to his foster parents and the longer he remains with them the more painful it will be for him to be removed from their care and returned to his mother. Although it is critically important to provide services to implement Darren’s return home plan as soon as possible to minimize further damage to this child, Milwaukee DHS is not taking any steps to do so.

159. The defendants have violated Darren’s constitutional and statutory rights by failing to make reasonable efforts to avoid the need for foster care placement, by failing to protect him from harm by failing to develop and implement a case plan that contains the elements required by law, and by failing to take steps to reunify him with his natural mother and to assure him a permanent home.

160. Because of the defendants’ actions and inactions,
Darren has been and continues to be irreparably harmed, to grow up without a permanent family, to be subjected to the uncertainty of foster care status, and to be deprived of an opportunity for healthy development and a normal childhood.

161. Plaintiff ALISSA S is eight years old and has been in the Department's custody since January 1987. She and her two siblings were removed from the home of their natural mother because of neglect. Their mother was not providing adequate food, supervision, or medical attention for the children.

162. Department workers suspected that Alissa had been sexually abused while in her mother's home.

163. Alissa was placed with the H foster family less than a week after her removal from her mother's home.

164. Yearly court reports for 1987 and 1988 indicate that the Department's permanency plan for Alissa was "return home," although Milwaukee DHS made no efforts to provide services necessary to implement such a plan and had no basis on which to believe that such a plan was realistic or likely to be implemented.

165. Ms. S has not visited or contacted Alissa since June 1988.

166. In June 1989 the Administrative Review Board changed Alissa's permanency plan to Termination of Parental Rights.

167. In February 1990 the District Attorney's office notified Alissa's Milwaukee DHS caseworker that her case should be referred for termination of parental rights.
168. One year later, in February 1991, a Children’s Court judge found that the Department had done little to ensure that the permanency plan, established in 1989, was successfully accomplished. He ordered the Department to provide a written update on the steps being taken to execute immediately the plan of termination of parental rights.

169. In response to the judge’s order, the Department transferred the S family case to the adoption unit in March 1991.

170. Since 1991 the Department has failed to locate an adoptive family for Alissa. It has not yet listed her on any Adoption Exchange, nor has it taken any other steps to locate an adoptive family for this nine-year-old child. Nor has Milwaukee DHS taken any steps to initiate proceedings to terminate parental rights.

171. Alissa currently lives in the H foster home, as she has done for more than five years, and is very attached to her foster parents. However, the H foster parents have never had any interest in adopting Alissa. Nor does the Department consider the family a suitable adoptive home. Nevertheless, Milwaukee DHS has allowed this child to spend more than five years in this family’s home.

172. Alissa has two siblings with whom she has no contact because the children have been in separate foster homes since they were placed in foster care.

173. The defendants have violated Alissa’s constitutional and statutory rights by failing to protect her from harm and to
provide her with proper care, by failing to develop and implement a case plan that contains the elements required by law, by failing to obtain and supervise an appropriate placement for her, and by failing to take steps to assure her a permanent placement.

174. Because of the defendants' actions and inactions, Alissa S has been and continues to be irreparably harmed, to grow up without a permanent family, to be subjected to the uncertainty of foster care status, and to be deprived of an opportunity for healthy development and a normal childhood.

175. Plaintiff ROXANNE F is a seven-year old, Hispanic girl who entered DHS foster-care custody in October 1987 when she was two. Roxanne entered foster care because her mother was homeless and was unable to support Roxanne financially.

176. According to the Department, Roxanne's mother "has a chronic history of problems with drugs and alcohol and not being able to care for her children." Despite knowing about these problems, the Department made no meaningful effort to provide Roxanne's mother with services that would allow her to overcome these problems and to reassert responsibility of Roxanne.

177. Even though the Department failed to offer or provide services that would allow Roxanne to return home to her mother and even though the mother was making no meaningful progress, the Department's planning goal for Roxanne remained "return home" for over four years after she entered DHS custody.

178. Since she entered Department custody, Roxanne has been in four different foster homes.
179. On or about January 15, 1992, DHS changed Roxanne's planning goal to adoption. In the sixteen months since, however, the Department has taken no steps that would allow this little girl to be adopted. Her case has not been referred to the Adoption Unit, no work has been done towards legally freeing her for adoption, and the most recent court report identifies no steps that will be taken to permit her adoption to move forward. Indeed, according to that report, "The TPR has not been initiated because a potential placement has not been found."

180. Roxanne currently resides in a foster home in which she was placed in November 1988. Because she has spent four and one-half years in her current home, she has a close relationship with her foster mother yet her foster mother is not interested in adopting a child.

181. Because of the Department's failure to take timely action to have Roxanne adopted, it will now be very traumatic to remove her from her foster home and to place her in an adoptive home, thereby greatly reducing the likelihood that this seven-year-old girl will ever be adopted. This trauma is likely to be exacerbated by the fact that any placement in a prospective adoptive home would mark the fifth placement for Roxanne in the five years she has been in Department custody.

182. The defendants have violated Roxanne F's constitutional and statutory rights by failing to provide preventive services that might have averted her entry into foster care, by failing to provide her with stable and appropriate placements, by failing to
develop and implement a case plan that contains the elements required by law, and by failing to provide her with planning and services that would have allowed her to return home or to be adopted.

183. As a result of the defendants' actions and inactions, Roxanne F has been and is being irreparably harmed, to grow up without a permanent family, to be subjected to the uncertainty of foster care status, and to be deprived of an opportunity for healthy development and a normal childhood.

184. Plaintiff PATRICIA S is a nine-year old girl who entered DHS foster-care custody on or about October 3, 1989, when she was six years old. According to a Department report, Patricia came into DHS custody after Patricia and her mother "had been thrown out of the filthy, unfurnished attic of a drug house because [Patricia's mother] wanted to bring in men for money for drugs and the owner of the house wanted some of the proceeds."

185. At the time that Patricia was living in these conditions with her mother, DHS had custody of Patricia's two brothers and one sister; these three children had been in DHS custody since approximately October 1983. Notwithstanding the fact that DHS knew or should have known that Patricia was in a dangerous situation and was at risk of entering foster care, it made no efforts to protect this child or to offer services to her mother so as to avert Patricia's entry into foster care.

186. Between her entry into foster care in October 1989 and July 22, 1991, the planning goal for Patricia was to return her
to her mother. Yet, Department reports consistently document that the mother was making no progress towards reassuming responsibility for Patricia and that the Department was making no meaningful effort towards assisting Patricia's mother.

187. In an October 1990 report, the DHS worker stated, "The current worker was assigned to Ms. S[] in February 1990. Since that time, she has been essentially unavailable to this worker. In a couple of instances when the worker did have telephone contact with her, she did not inquire whatsoever as to [Patricia], in terms of either visitation or other court ordered conditions. Therefore, essentially no services were offered, provided, or referrals made" during that period of time. Nonetheless, the Department kept Patricia's goal as "return home," apparently on the basis of some last-minute contact with the mother.

188. In a follow-up report in July 1991, nearly two years after Patricia entered foster care, the Department observed that Patricia's mother "has a history of drug abuse and instability in her life. [Ms. S] has not followed through on any inpatient or outpatient treatment for her cocaine dependency . . . . She has been given a list of parenting classes to choose from, but she never signed up for any of the classes." The report later noted that Ms. S. had failed to appear for the most recent Administrative Review. Despite all this, the Department continued "return home" as the planning goal, listing a target date of September 25, 1992. After identifying the major
obstacles to that goal as the "mother's unstable living arrangement" and "inability to remain drug free," the Department identified the following as the services it would provide the mother to allow Patricia to return home: "family planning services," "parenting education," and "health services referral."

189. Between July 1991 and August 1992, the Department changed Patricia's planning goal to "long term foster care," thereby relegating this nine-year old to spending the rest of her childhood in state custody. The Department has made no efforts to have this child adopted or to find any other permanent, non-governmental placement for her.

190. The defendants have violated Patricia's constitutional and statutory rights by failing to provide her with appropriate protective services, by failing to provide services that might have averted her entry into foster care, by failing to develop and implement a case plan that contains elements required by law, and by failing to provide her with planning and services that would have allowed her to return home or that would allow her to be adopted.

191. Because of the defendants' actions and inactions, Pamela S has been and continues to be irreparably harmed, to grow up without a permanent family, to be subjected to the uncertainty of foster care status, and to be deprived of an opportunity for healthy development and a normal childhood.

192. Plaintiff JOCELYN Z is an eight-year-old girl, and plaintiff DERRICK Z is her six-year-old brother. They originally
entered DHS custody in February 1987 when Jocelyn was two and Derrick was twelve months old.

193. Jocelyn and Derrick were in Department custody from February 1987 to August 1988 after they were found in a parking lot without adequate clothing in forty degree weather. The children had wandered out of their apartment after their mother went out and left them alone.

194. In August 1988 Jocelyn and Derrick were returned to their mother, but only because the court order governing their custody expired and renewal was not obtained on a timely basis. The Department subsequently failed to provide services to help the mother provide proper care for the children and failed to monitor the home situation sufficiently to ensure that Jocelyn and Derrick were not being neglected or abused in their mother's home.

195. In July 1989 Jocelyn and Derrick returned to foster care when their mother signed a voluntary agreement and relinquished custody to the Department.

196. Since Jocelyn and Derrick reentered foster care in July 1989, the Department has maintained a planning goal of return home. Yet the Department has failed to make any meaningful efforts to assist the mother so that she will be able to reassume responsibility for these children, and Department reports consistently have documented the fact that the mother is making no meaningful progress towards that goal.

197. According to a March 26, 1991, Department report, the
Department worker "has had person to person telephone contact with [the mother] during the past year and has tried to assist her in meeting the court ordered conditions of return."

According to that same report, the "major obstacles" to returning Jocelyn and Derrick home at that time were "the mother's willingness and desire to work on completing the court order conditions for return." Notwithstanding these assessments, the only services identified in the report were "[v]isitation" and "[r]eferral to appropriate services as needed."

198. One year later, the Department reported to the Children's Court that the DHS worker "has had some telephone contact with [the mother] during the past year and has been available to assist her in meeting the court ordered conditions of return. Worker had several appointments with [the mother] that [the mother] failed to keep." Notwithstanding this, the Department stated, "The permanent goal for Jocelyn and Derrick is return home." The only services that the Department identified as being provided to the mother to allow the children to return home were "[v]isitation" and "[r]eferral to appropriate services as needed."

199. Another year passed with absolutely no progress. According to a February 12, 1993, Department report, "This worker has had some telephone contact with [the mother] during the past year and has been available to assist her in meeting court ordered conditions of return." Again, the Department continued with a permanency planning goal of "return home"; the only
services it identified as being provided to the mother were "[p]lanned unsupervised visitation" and "[r]eferral to appropriate services as needed."

200. Since a February 1993 overnight visit, after which Jocelyn and Derrick complained that they had not been properly fed, their mother has not visited or telephoned the children. The Department has not been involved with the children, the mother, or the foster parents since that time.

201. Since July 1989 Jocelyn and Derrick have been placed in a single foster home, which is the same home they were in when they were originally in foster care between February and August 1988.

202. An October 1992 Administrative Review Board Permanency Plan Compliance Report stated that Jocelyn and Derrick's "Parent/child bond is disintegrating [while their] bond with foster parents is strong," and that the "Mother's commitment towards re-unification needs to be assessed."

203. Jocelyn has expressed fears of being removed from the home of her foster parents and being returned to the custody of her mother. Both Jocelyn and Derrick have said that they understand the concept of adoption, that they wish to be adopted by their foster parents, and that they do not want to return to the home of their natural mother.

204. Jocelyn and Derrick's foster parents have expressed a desire to adopt these children. Despite this, the lack of progress made by the mother, and the fact that these children
have been in foster care for three and one-half years, the
Department has made no effort to allow these children to be
adopted.

205. Since they entered foster care, Jocelyn and Derrick's
case has been covered by at least four different Department
social workers, and this has hampered permanency planning in
their case.

206. The defendants have violated Jocelyn and Derrick's
constitutional and statutory rights by failing to provide
preventive services that might have averted their entry into
foster care, by failing to provide services that might have
permitted them to return home, by failing to develop and
implement a case plan with the elements mandated by law, and by
failing to provide planning and services that would allow them to
be adopted.

207. Because of the defendants' actions and inactions,
Jocelyn and Derrick have been and continue to be irreparably
harmed, to grow up without a permanent family, to be subjected to
the uncertainty of foster care status, and to be deprived of an
opportunity for healthy development and normal childhoods.

208. Plaintiff KAREN M is a sixteen-year-old girl who has
been in DHS custody since February 1992. She entered custody
after her mother abandoned her to Karen's maternal grandmother
and the grandmother could not provide adequate care for Karen.

209. Karen's mother has a long history of instability in
her life. She has moved frequently, often leaving Karen with
relatives or other caretakers. The mother also has a history of alcoholism and drug abuse.

210. According to a report provided to DHS, Karen's mother is "a basically emotionally immature individual who is primarily concerned with her own welfare. She lacks emotional depth or the ability to place the needs of her child above her own. Ongoing problems of substance abuse and a lack of willingness to accept responsibility for her behavior and life circumstances exacerbate other problematic tendencies." A psychological evaluation recommended that she be required to participate in a program of substance abuse intervention that included regular urine screening and therapy participation.

211. In February 1992 the Department submitted a report to the court acknowledging the mother's history and her problems. Though the Department set "return to the home of the mother" as the planning goal for Karen, it failed to provide any details as to how this was to be accomplished. Rather it simply listed in formulaic and generic fashion the following services to be provided: "[h]ousing," "[c]ounseling/therapy," "AODA counseling/evaluation," "[r]egular visitation per residential treatment center policy and mutual desire," and "[e]xploration of relative resources if needed."

212. Ten months later the Department prepared another report that revealed that it had provided no services to Karen's mother that would have allowed her to address the problems that resulted in Karen entering foster care. Under the report section
entitled "Services offered, provided, and referrals made to assist the parent" is the following entry: "Efforts to provide family therapy via teleconference with mother have been difficult as mother has not been in contact with [Karen's placement] and has not had a phone number."

213. According to a December 1992 report, the Department has abandoned its goal of returning Karen to her mother and has changed Karen's permanency planning goal to "long-term foster care." This means that Karen will remain in foster care until she becomes an adult and then "ages out" of the system. Yet the Department had made no effort to provide Karen with the independent living services she needs to be prepared to live on her own once she becomes eighteen.

214. On or about September 10, 1992, the Department placed Karen in a residential treatment center -- a highly restrictive placement -- to assist her in addressing her own substance abuse problems. Karen completed that treatment program in late March 1993 but waited over two months to be discharged. The Department did not move Karen out of the residential placement because it did not have available any appropriate, less restrictive placement for her.

215. On or about May 28, 1993, the Department returned Karen to the home of her maternal grandmother because it had failed to secure an appropriate placement for her. This is a grossly inappropriate placement, as the grandmother lacks the training, the qualifications, and the resources needed to provide
Karen with the therapeutic setting that the Department knows Karen needs.

216. The defendants are violating Karen's constitutional and statutory rights by failing to provide her with planning and services that would allow her to return home or to be placed in some other permanent setting, by failing to implement and develop a case plan with the elements mandated by law, by failing to provide her with independent living services that would allow her to assume responsibility for herself once she becomes an adult and is discharged from foster care, by failing to place her in an appropriate foster-care placement, and by denying her government benefits because of her disability.

217. Because of the defendants' actions and inactions, Karen has been and continues to be irreparably harmed, to grow up without a permanent family, to be subjected to the uncertainty of foster care status, and to be deprived of an opportunity for healthy development and a normal childhood.

Systemic Failures

Failure to Protect Children from Harm and to Avoid Unnecessary Foster Care Placement

218. Federal law requires that complaints of child abuse and neglect be investigated promptly, that abused and neglected children be protected appropriately, that services be available to avoid the need for foster care placement whenever possible, and that state agencies maintain personnel trained in child abuse and neglect prevention and treatment as may be necessary or
appropriate to ensure that the state will deal effectively with child abuse and neglect cases in the state. Wisconsin law has defined a prompt child abuse or neglect investigation as one that is initiated within twenty-four hours and is completed within sixty days. Wisconsin also mandates the provision of crisis counseling, and, if a family is in need of services, requires Milwaukee DHS to provide or arrange for such services.

219. Milwaukee DHS routinely fails to follow applicable law and reasonable professional standards with regard to the investigation of child abuse and neglect reports and the provision of services in connection with those reports. Defendant Brophy has acknowledged that investigations are not initiated into "a goodly number" of the neglect and abuse complaints reported to the Milwaukee DHS within the time period mandated by state law.

220. Workers responsible for investigating reports of abuse and neglect have caseloads far above reasonable professional standards. These workers are usually unable to conduct thorough or timely child abuse investigations, to assess the child's and family's needs, or to provide services to them.

221. Many children are left at home in dangerous or deteriorating situations as the result of an inadequate child abuse investigation or the failure to offer services. Other children who could remain at home if the worker had the time to do an adequate assessment and if services were available are instead taken into foster-care custody. DHS does not have and
does not apply consistent standards for determining whether a child is at risk of abuse and neglect and needs services to remain in the home safely and whether the child must enter foster care.

222. There are virtually no services available to children and families to avoid the need for foster-care placement. Intake workers responsible for investigating abuse and neglect cases do not have access to necessary services and many children who enter foster care could have remained in their homes if adequate services and supervision were available.

223. At the early stages of placement, when some children can still be reunified quickly with their parents, most children's cases are handled by DHS court workers who, as a matter of Department practice, do not provide any services to either children or families. Cases remain with DHS court workers until an adjudication by the Children's Court that the child has been abused or neglected. These adjudications routinely take more than six months. Therefore, during the first six months of a child's placement, DHS does not even attempt to provide any services to reunify the child with his or her family, or to provide services to the family to enable the child to leave foster care.

224. Defendant Brophy has acknowledged that "[d]uring this six to eight month period [following the child's removal from the home and foster care placement] no services are being offered to the parents, nor is anyone from the Social Services Department
either formulating a case plan with the parents or shepherding the parents and the child through a service delivery pathway that could mend the family and return the child or begin to support the adoption pathway."

225. Defendant Brophy has also acknowledged that children in foster care are likely to change case workers as many as five times during their first year of placement.

226. Milwaukee DHS is required to make a recommendation to the court about the need for services in each case. Rather than individualizing the recommendations, however, DHS workers instead resort to virtually identical language with regard to most children and families.

**Inappropriate Placements and Harm to Children in Foster Care**

227. When children enter foster care, Milwaukee DHS workers place them in foster homes or facilities without any assessment of the child’s individualized needs and with little knowledge of the particular placement. Placements are usually chosen based on whether the home will take the child, not on whether the home is appropriate. Milwaukee DHS does not maintain any systematized placement listings that contain updated information on vacancies and on the quality of the particular foster home or facility. Obtaining a good placement for a child is almost always a matter of luck.

228. There is a shortage of appropriate foster home placements. This problem could be remedied by conducting
effective recruitment campaigns, providing adequate screening of applicants, and providing adequate reimbursement, training, support, and supervision to foster parents. Instead, there are often long delays in screening potential foster parents because of staff shortages at Milwaukee DHS. Milwaukee DHS routinely violates professional standards and applicable legal provisions by licensing and maintaining foster homes that are unsuitable to care for children. In some instances foster homes are no better able to care for the children than the homes from which the children have been removed.

229. In many instances Milwaukee DHS workers have so little contact with the child and the foster family that they have little if any knowledge about the care and treatment the child is getting. In other instances children are left in clearly inappropriate and harmful homes even after the Milwaukee DHS learns of the problems because Milwaukee DHS has failed to develop either the number or range of appropriate foster homes and because there is simply no place else to put the child.

230. Children who enter placement in a sibling group often are separated from each other, compounding the trauma inflicted by the circumstances leading to their placement and undermining the children’s family relationships.

231. Many children entering Milwaukee DHS custody are placed initially in an emergency placement because the agency does not maintain the necessary information on available placements to enable the child to be placed in a longer term setting. Although
emergency placements are intended to be temporary and to last no longer than thirty days, many children remain in these placements for a longer period of time because other placements have not been obtained.

232. While in foster care, many children are placed with foster parents who are untrained or unable to deal with their problems. The Department provides foster parents with almost no training, and DHS caseworkers rarely visit foster homes to ensure the safety of children, to determine whether they are receiving proper care, to identify problems they may be experiencing, or to provide assistance and support to maintain a good foster home placement.

233. Even foster parents who want to provide proper care for their foster children have difficulty reaching their worker on the telephone. Birth parents, foster parents, and community service providers often have similar problems learning the identity of the responsible worker.

234. Workers are usually too busy to arrange visiting between birth parents and their children or among separated siblings in foster care, and such visiting is usually dependent on the aggressiveness of the birth parents and the cooperativeness of the foster parents. However, workers are usually unavailable to supervise visits, when that is required, with the result that such visits are often delayed, do not take place, or are inadequately supervised by a foster parent or family member.
235. Many children in foster care experience frequent movement from one foster care setting to another, with some children being subjected to as many as twelve different placements.

236. Children's specific service needs often are not addressed by workers. Workers rarely have time to find out about children's school progress or to ensure that children are receiving an appropriate education with the result that problems are often left unaddressed until they reach a crisis level. Milwaukee DHS workers also fail to ensure that children receive necessary medical and dental care and treatment.

Planning to Secure a Permanent Placement

237. Reasonable professional standards and the applicable law require that a child remain in foster care for as short a time as possible and that children should either be returned to their parents as quickly as possible or parental rights should be terminated so the child can be placed in a permanent adoptive home. Nevertheless, the average length of stay for children in foster care custody in Milwaukee is thirty months. One recent study of selected Milwaukee DHS caseloads estimated that one-third of the children currently in foster care need not be in custody, but instead could either be returned home or placed for adoption.

238. Planning for children is haphazard. Although most children have written case plans, these plans do not conform to
reasonable professional standards or applicable law. Rather than being individualized, many of the plans and long-term goals for children and their families are simply taken from standardized checklists or contain boiler-plate language. Often, the same language about the steps that need to be taken to ensure permanency for a child is repeated year after year, with no action being taken to implement the plan.

239. Individualized case plans with specific goals, with timetables and steps necessary to accomplish goals, and with the clear delineation of which parties have responsibility to help ensure that the goals are met are critical to implementing a permanent plan for a child. Milwaukee DHS neither provides nor implements plans that will enable children to leave foster care custody within a reasonable period of time.

240. Parents who want to get their children back are not provided the services to enable them to do so. On the other hand, Milwaukee DHS workers often maintain planning goals to return children to their parents long after there is any reasonable expectation that the plan can be accomplished and even when the parents' whereabouts are unknown. In many instances Milwaukee DHS simply waits passively for parents to bring themselves to a level of functioning necessary to assume custody of their children, without either providing assistance to the parents or making the decision that the parent will not be able to achieve that goal.

241. Adoption procedures are so cumbersome that few
children get adopted. As a general matter, Milwaukee DHS does not even consider freeing a child for adoption until after the child has been in placement for two years, regardless of whether reunification with the parents is a realistic possibility. It is DHS practice not to seek to terminate parental rights for children who need to be adopted until an adoptive home can be identified and not to seek an adoptive home until parental rights have been terminated. Not surprisingly, few children are adopted, unless they are fortunate enough to have been placed with a foster parent who becomes interested in adopting them.

242. In many instances foster parents who may be interested in adopting their foster children during the first several years the child is placed with them receive no encouragement or decision about adoption from Milwaukee DHS and become discouraged and make other plans. Therefore, by the time that Milwaukee DHS determines that a child could be adopted, many foster parents are no longer willing to adopt their foster child. The children are thus in the position of having formed a significant relationship with their foster parents but, because Milwaukee DHS has failed to take necessary steps to make that relationship permanent -- through adoption -- of being deprived of any chance for a permanent family. Children who live for years with foster parents and then have to move to other foster parents often suffer serious, permanent damage to their ability to form relationships and to trust adults.

243. The result of all this delay is that children who
could have been adopted within a reasonable period of time after they entered Milwaukee DHS custody frequently become too old, or too damaged by their stay in foster care, to be acceptable to an adoptive family or to be able to adjust to an adoptive placement. Thus this delay deprives them of any chance for a permanent adoptive family.

Handicapped and Disabled Children

244. Many children in the custody of Milwaukee DHS are children with disabilities and handicaps who are entitled to the government benefits and services available to children placed in foster care. In some instances these children need special services, including appropriate treatment or specialized foster homes, to enable them to avail themselves of these benefits. In other instances these children, by virtue of their handicaps, are far more vulnerable to the harm caused by frequent moves among foster homes or by the absence of stability caused by having no permanent family.

245. These children are entitled to the services necessary to enable them to participate fully in the foster-care program and to not have their disabilities exacerbated by defendants' actions and inactions so that their handicaps worsen and they become difficult to adopt or to maintain in a foster home.

246. However, the defendants fail to provide necessary services or stability to these particularly fragile children, moving them from home to home when their behavior deteriorates or
when their handicaps or disabilities become too difficult to manage or, in some instances, failing to find appropriate foster homes for them with parents specially trained to address their handicaps.

247. Federal and state law, Department policy, and reasonable professional standards also require that a child in foster care have a stable foster-home placement and receive timely decision-making and the implementation of a permanent plan either to return a child to his or her birth family in appropriate circumstances or, if that is not appropriate, to have the child legally freed for adoption and placed in a permanent adoptive home. While defendants do a poor job of securing permanent homes for most children in foster care, there often is not even any effort to find permanent homes for children with handicaps, solely because of these children's handicaps.

Periodic Reviews

248. When cases are presented to the court, Milwaukee DHS often provides incomplete, misleading, and sometimes false information to the court. This often happens because the worker responsible for preparing the court report has only third-hand and fourth-hand information, if the worker has any information at all. Court reviews are perfunctory, often lasting less than fifteen minutes, because of overcrowded court calendars.

249. Reasonable professional standards and applicable law require that children's circumstances be reviewed periodically by
the court to ensure that children have an appropriate permanent
goal and that the child-welfare agency is taking necessary steps
to accomplish that goal. In Milwaukee this process is nothing
more than a rubber-stamp procedure and provides no meaningful
safeguards to children. Even when court orders are issued,
Milwaukee DHS routinely ignores the recommendations of the court,
thereby rendering these orders largely ineffective.

_Systemic Failures_

250. The Milwaukee defendants operate a child-welfare system
that violates both the letter and the intent of applicable
federal statutes, state law, and reasonable professional
standards. The defendants have organized and provided resources
to the system in such a way as to make these violations of law,
and the resulting harm to children, both foreseeable and
inevitable.

251. Caseloads are so high, averaging 100 cases and often
exceeding that, that mandated services simply cannot be provided.
Many positions within the Milwaukee DHS are unfilled, with
children's cases assigned to "vacant zones" where no worker at
all is responsible for the case. It is impossible for workers to
develop and implement appropriate plans for children with
caseloads that require them to spend all their time in court and
addressing emergencies, rather than ensuring adequate care and
permanence for children.

252. High caseloads affect both the handling of individual
cases and the development of necessary resources. Milwaukee DHS lacks adequate staff to recruit and screen foster and adoptive homes and to move children in need of adoption through the process of termination of parental rights. The absence of a useful and reliable computerized information makes the process of matching a child with a foster home totally haphazard and dependent on workers' memories and index card files. It also makes it impossible to plan for children properly, to track their progress, and to determine the need for additional resources.

253. The problems within the Milwaukee child-welfare system have long been well known to both the county and state defendants. The county defendants are directly responsible for the administration of this system and for the damage that is being inflicted on children as a result of these continuing and widespread violations of the law. The state defendants are responsible for ensuring that county child-welfare systems follow the mandates of applicable law and adopt rules and guidelines and are further responsible for providing necessary supervision to counties such as Milwaukee in which legal requirements are being violated and children are being harmed. Although additional federal dollars have been made available to the state as reimbursement for Milwaukee foster care costs, the state has diverted these funds to non-child welfare programs.

254. Defendant Brophy, Milwaukee County's Director of the Department of Social Services, stated in his 1989 Budget Statement to the County Executive that Milwaukee County faced "a
crisis in the public child protection system. The system has been so overloaded by the number and severity of child protection cases that abused and neglected children are starting to 'fall through the cracks' of a stressed out system. . . . The evidence of the crisis in child protection is all too evident -- burnt out staff, lack of treatment resources, waiting lists for institutional placements, and high caseloads."

255. In 1990 defendant Brophy stated that under existing circumstances, some child abuse referrals would not be investigated or would be investigated superficially; children placed in foster homes, group homes, and shelters would not be monitored properly; the number of children in the Department's custody who would be returned to dangerous homes would increase because higher caseloads would prevent completion of court work; foster parents would not get the support they need to care for physically and emotionally abused children; and the inability to fill existing vacancies in the Department "reduces services" to children who depend on the Department life-sustaining and life-saving services.

256. In 1991 defendant Brophy gave sworn testimony before a judicial fact-finding tribunal, stating how the Department is failing to provide mandated services:

What happens is that with that kind of caseload what the workers are largely in the situation of doing now is that they are hopping from crisis to crisis to crisis. On a given day, if 10% of their caseload is in crisis, the worker could have anywhere from 10-12 families and kids that they may have to deal with. That means that the other 100 cases are left to languish. And it means that the orders of the court
which can be very prescriptive relative to getting a mother into parent education classes, getting a mother into mental health assistance, helping a mother to get alcohol and drug assistance, maybe helping the child get some special programming, schooling, is simply not being carried out. ..

In the real extreme end, [children] may go into a home, they may stay there for long periods of time. Their behavior may deteriorate. And they may home hop to a point where in a child’s life they could be in six to eight to ten foster homes before . . . they reach age 18 and then just leave the system to the adult world. And even in some rare cases, but still too many, they may be abused and neglected in their own home, removed, put in a foster home and abused and neglected in that home and have to end up going into an institutional environment. ..

257. Circuit Judge Christopher Foley testified in 1991 that the problems in the Milwaukee child-welfare system raise "significant issues about high levels of noncompliance with federal requirements" as well as high levels of noncompliance with state court orders to provide services to children.

258. Notwithstanding the public recognition of these problems, the inadequacies of the Milwaukee child-welfare system have continued and have gotten worse.

259. Despite knowing that children have been and continue to be irreparably damaged by the failure to provide mandated services and protection to these vulnerable children, the defendants have failed and refused to take necessary action. As a result, plaintiffs and members of their class have been and are being deprived of their legal rights, are being irreparably harmed as a result, and are being deprived of the opportunity for safe and healthy childhoods.
CAUSES OF ACTION

260. As a result of the actions and inactions of the defendants, the plaintiff children are being deprived of the rights conferred upon them by the First, Ninth and Fourteenth Amendments to the United States Constitution. These rights include but are not limited to their right to protection from harm; their right not to be deprived of a family relationship absent compelling reasons; their right not to be harmed — physically, emotionally, developmentally, or otherwise — while in state custody; their right not to remain in state custody unnecessarily; their right to placement in the least restrictive, appropriate placement; their right to treatment; their right to equal protection of the law and not to be discriminated against by virtue of their handicap or disability; their right to care that is consistent with competent professional judgment; and their right not to be deprived of state or federally created liberty or property rights without due process of law.

261. As a result of the actions and inactions of the defendants, the plaintiff children are being deprived of the rights conferred upon them by the federal Adoption Assistance and Child Welfare Act of 1980. These rights include but are not limited to the plaintiff children’s right to have defendants implement a preplacement preventive services program designed to help children remain with their families or be returned to their families; their right to timely written case plans that contain mandated elements and to the implementation and review of those
plans; their right to placement in foster homes or facilities that conform to nationally recommended standards; their right to appropriate services; their right to placement in the least restrictive, most family-like setting; their right to proper care while in custody; their right to planning and to services that will assure their permanent placement; their right to regular judicial or administrative reviews; their right to dispositional hearings within eighteen months of entering custody and periodically thereafter; and their right to receive services in a child-welfare system with an adequate information system.

262. As a result of the actions and inactions of the defendants, the plaintiff children are being deprived of the rights conferred upon them by the federal Child Abuse Prevention and Treatment Act. These rights include but are not limited to the plaintiff children's right to prompt and appropriate investigation of reports of abuse or neglect; their right to protection from those who endanger their health and welfare; and their right to such administrative procedures, trained and qualified personnel, programs and facilities that are necessary to deal effectively with child abuse and neglect in Milwaukee.

263. As a result of the actions and inactions of the defendants, the plaintiff children who are handicapped or disabled by their physical or emotional conditions are being deprived of their rights under the Americans with Disabilities Act and the Rehabilitation Act of 1973 to participate fully and receive the benefits of the state foster care and child-welfare program.
264. As a result of the actions and inactions of these defendants, the plaintiff children are being deprived of the rights conferred upon them by state laws and regulations. These rights include but are not limited to their right to protection from abuse; their right to reasonable efforts to avoid the need for foster care placement or to be reunified with their families; their right to appropriate and timely case records and plans; their right to services in community-based programs; their right to permanent and stable family relationships; their right to care, protection and wholesome mental and physical development; their right to adoption into stable families rather than remaining in the impermanence of foster care and to specified adoption procedures; and their right to appropriate services in accordance with their best interests.

RELIEF REQUESTED

265. The plaintiffs respectfully request that the court grant the following relief:

A. Certify this action as a class action pursuant to Rule 23(b)(2) of the Federal Rules of Civil Procedure.

B. Enter declaratory and injunctive relief necessary and appropriate to remedy the defendants' violations of the plaintiffs' rights under the United States Constitution.

C. Enter declaratory and injunctive relief necessary and appropriate to remedy the defendants' violations of the plaintiffs' rights under the federal Adoption Assistance and

D. Enter declaratory and injunctive relief necessary to remedy defendants' violations of plaintiffs' rights under the federal Child Abuse Prevention and Treatment Act.

E. Enter declaratory and injunctive relief necessary to remedy defendants' violations of plaintiffs' rights under the federal Americans with Disabilities Act and the Rehabilitation Act of 1973.

F. Enter declaratory and injunctive relief necessary and appropriate to remedy violations of plaintiffs' rights under state law.

G. Award to the plaintiffs the reasonable costs and expenses incurred in the prosecution of this action, including but not limited to reasonable fees and costs pursuant to section 1988 of title 42 of the United States Code.

G. Retain jurisdiction of this matter to insure adequate and effective implementation of the relief ordered by the court.

Respectfully submitted,

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Dated: June 1, 1993
Chapter MPSW 20

Conduct

MPSW 20.01 Definition. “Gross negligence” in the practice of social work, or marriage and family therapy, or professional counseling means the performance of professional services that does not comply with an accepted standard of practice that has a significant relationship to the protection of the health, safety or welfare of a patient, client, or the public, and that is performed in a manner indicating that the person performing the services knew or should have known, but acted with indifference to or disregard of, the accepted standard of practice.

History: Cr. Register, November, 1993, No. 455, eff. 12–1–93.

MPSW 20.02 Unprofessional conduct. Unprofessional conduct related to the practice under a credential issued under ch. 457, Stats., includes, but is not limited to, engaging in, attempting to engage in, or aiding or abetting the following conduct:

1. Performing or offering to perform services for which the credential holder is not qualified by education, training or experience.

2. Violating a law of any jurisdiction, the circumstances of which substantially relate to the practice under the credential.

3. Undertaking or continuing performance of professional services after having been adjudged incompetent by any court of law.

4. Using fraud or deception in the application for a credential.

5. Using false, fraudulent, misleading or deceptive advertising, or maintaining a professional relationship with one engaging in such advertising.

6. Engaging in false, fraudulent, deceptive or misleading billing practices.

7. Reporting distorted, false, or misleading information or making false statements in practice.

8. Discriminating on the basis of age, race, color, sex, religion, creed, national origin, ancestry, disability or sexual orientation by means of service provided or denied.

9. Practicing or attempting to practice while the credential holder is impaired due to the utilization of alcohol or other drugs, or as a result of an illness which impairs the credential holder’s ability to appropriately carry out the functions delineated under the credential in a manner consistent with the safety of a client, patient, or the public.

10. Revealing facts, data, information, records or communication received from a client in a professional capacity, except in the following circumstances:

(a) With the informed consent of the client or the client’s authorized representative;

(b) With notification to the client prior to the time the information was elicited of the use and distribution of the information; or

(c) If necessary to prevent injury to the client or another person;

(d) Pursuant to a lawful order of a court of law;

(e) Use of case history material for teaching, therapeutic or research purposes, or in textbooks or other literature, provided that proper precautions are taken to conceal the identity of the client; or

(f) When required pursuant to federal or state statute.

11. Engaging in sexual contact, sexual conduct, or any other behavior with a client which could reasonably be construed as seductive. For purposes of this rule, a person shall continue to be a client for 2 years after the termination of professional services.

12. Failing to provide the client or client’s authorized representative a description of what may be expected in the way of tests, consultation, reports, fees, billing, therapeutic regimen or schedule.

13. Failing to avoid dual relationships or relationships that may impair the credentialed person’s objectivity or create a conflict of interest. Dual relationships prohibited to credentialed persons include the credentialed person treating the credentialed person’s employers, employees, supervisors, supervisees, close friends or relatives, and any other person with whom the credentialed person shares any important continuing relationship.

14. Failing to conduct an assessment, evaluation, or diagnosis as a basis for treatment consultation.

15. Employing or claiming to have available secret techniques or procedures that the credential holder refuses to divulge.

16. In the conduct of research, failing to inform study participants of all features of the research that might reasonably be expected to influence willingness to participate; failure to ensure as soon as possible participants’ understanding of the reasons and justification for methodological requirements of concealment or deception in the study; failure to protect participants from physical or mental discomfort, harm or danger, or to notify the participant of such danger; and failure to detect and remove any undesirable consequences to the participants resulting from research procedures.

17. Failing to inform the client of financial interests which are not obvious and which might accrue to the credential holder for referral to or for any use of service, product or publication.

18. Failing to maintain adequate records relating to services provided a client in the course of a professional relationship. A credential holder providing clinical services to a client shall maintain records documenting an assessment, a diagnosis, a treatment plan, progress notes, and a discharge summary. All clinical records shall be prepared in a timely fashion. Absent exceptional circumstances, clinical records shall be prepared not more than one week following client contact, and a discharge summary shall be prepared promptly following closure of the client’s case. Clinical records shall be maintained for at least 7 years after the last service provided, unless otherwise provided by federal law.

19. Violating any of the provisions of ch. 457, Stats.

20. Failing to notify the board that a license, certificate or registration for the practice of any profession previously issued to the credential holder has been revoked, suspended, limited or denied, or subject to any other disciplinary action by the authorities of any jurisdiction.

21. Failing to make reasonable efforts to notify a client or a client’s authorized representative when professional services will be interrupted or terminated by the credential holder.
(22) Gross negligence in practice in a single instance, or negligence in practice in more than one instance.

(23) Having a license, registration, or certificate permitting the practice of marriage and family therapy, professional counseling, or social work, or authorizing the use of the title “marriage and family therapist,” “professional counselor,” “social worker”, or similar terms revoked, suspended, limited, or subjected to any other discipline, by any other jurisdiction.

History: Cr. Register, November, 1993, No. 455, eff. 12−1−93; CR 01−026: am. (13), Register December 2001 No. 552, eff. 1−1−02; CR 02−105: am. (intro.) (1), (4), (9), (15), (17), (20), (21) and (23), Register October 2002 No. 562, eff. 11−1−02; CR 05−043: am. (18) Register December 2005 No. 600, eff. 1−1−06.
Code of Ethics
of the National Association of Social Workers

Approved by the 1996 NASW Delegate Assembly and revised by the 2008 NASW Delegate Assembly

The 2008 NASW Delegate Assembly approved the following revisions to the NASW Code of Ethics:

1.05 Cultural Competence and Social Diversity

(c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

2.01 Respect

(a) Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues.
(b) Social workers should avoid unwarranted negative criticism of colleagues in communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues’ level of competence or to individuals’ attributes such as race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

4.02 Discrimination

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.

6.04 Social and Political Action

(d) Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.

Preamble

The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession’s focus on individual wellbeing in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.
Social workers promote social justice and social change with and on behalf of clients. “Clients” is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals’ needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession’s history, are the foundation of social work’s unique purpose and perspective:

- service
- social justice
- dignity and worth of the person
- importance of human relationships
- integrity
- competence.

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

**Purpose of the NASW Code of Ethics**

Professional ethics are at the core of social work. The profession has an obligation to articulate its basic values, ethical principles, and ethical standards. The *NASW Code of Ethics* sets forth these values, principles, and standards to guide social workers’ conduct. The *Code* is relevant to all social workers and social work students, regardless of their professional functions, the settings in which they work, or the populations they serve.

The *NASW Code of Ethics* serves six purposes:

1. The Code identifies core values on which social work’s mission is based.
2. The Code summarizes broad ethical principles that reflect the profession’s core values and establishes a set of specific ethical standards that should be used to guide social work practice.
3. The Code is designed to help social workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise.
4. The Code provides ethical standards to which the general public can hold the social work profession accountable.
5. The Code socializes practitioners new to the field to social work’s mission, values, ethical principles, and ethical standards.
6. The Code articulates standards that the social work profession itself can use to assess whether social workers have engaged in unethical conduct. NASW has formal procedures to adjudicate ethics complaints filed against its members.* In subscribing to this Code, social workers are required to cooperate in its implementation, participate in NASW adjudication proceedings, and abide by any NASW disciplinary rulings or sanctions based on it.

The Code offers a set of values, principles, and standards to guide decision making and conduct when ethical issues arise. It does not provide a set of rules that prescribe how social workers should act in all situations. Specific applications of the Code must take into account the context in which it is being considered and the possibility of conflicts among the Code’s values, principles, and standards. Ethical responsibilities flow from all human relationships, from the personal and familial to the social and professional.

Further, the NASW Code of Ethics does not specify which values, principles, and standards are most important and ought to outweigh others in instances when they conflict. Reasonable differences of opinion can and do exist among social workers with respect to the ways in which values, ethical principles, and ethical standards should be rank ordered when they conflict. Ethical decision making in a given situation must apply the informed judgment of the individual social worker and should also consider how the issues would be judged in a peer review process where the ethical standards of the profession would be applied.

Ethical decision making is a process. There are many instances in social work where simple answers are not available to resolve complex ethical issues. Social workers should take into consideration all the values, principles, and standards in this Code that are relevant to any situation in which ethical judgment is warranted. Social workers’ decisions and actions should be consistent with the spirit as well as the letter of this Code.

In addition to this Code, there are many other sources of information about ethical thinking that may be useful. Social workers should consider ethical theory and principles generally, social work theory and research, laws, regulations, agency policies, and other relevant codes of ethics, recognizing that among codes of ethics social workers should consider the NASW Code of Ethics as their primary source. Social workers also should be aware of the impact on ethical decision making of their clients’ and their own personal values and cultural and religious beliefs and practices. They should be aware of any conflicts between personal and professional values and deal with them responsibly. For additional guidance social workers should consult the relevant literature on professional ethics and ethical decision making and seek appropriate consultation when faced with ethical dilemmas. This may involve consultation with an agency-based or social work organization’s ethics committee, a regulatory body, knowledgeable colleagues, supervisors, or legal counsel.

Instances may arise when social workers’ ethical obligations conflict with agency policies or relevant laws or regulations. When such conflicts occur, social workers must make a responsible effort to resolve the conflict in a manner that is consistent with the values, principles, and standards expressed in this Code. If a reasonable resolution of the conflict does not appear possible, social workers should seek proper consultation before making a decision.
The *NASW Code of Ethics* is to be used by NASW and by individuals, agencies, organizations, and bodies (such as licensing and regulatory boards, professional liability insurance providers, courts of law, agency boards of directors, government agencies, and other professional groups) that choose to adopt it or use it as a frame of reference. Violation of standards in this *Code* does not automatically imply legal liability or violation of the law. Such determination can only be made in the context of legal and judicial proceedings. Alleged violations of the *Code* would be subject to a peer review process. Such processes are generally separate from legal or administrative procedures and insulated from legal review or proceedings to allow the profession to counsel and discipline its own members.

A code of ethics cannot guarantee ethical behavior. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community. Rather, a code of ethics sets forth values, ethical principles, and ethical standards to which professionals aspire and by which their actions can be judged. Social workers’ ethical behavior should result from their personal commitment to engage in ethical practice. The *NASW Code of Ethics* reflects the commitment of all social workers to uphold the profession’s values and to act ethically. Principles and standards must be applied by individuals of good character who discern moral questions and, in good faith, seek to make reliable ethical judgments.

**Ethical Principles**

The following broad ethical principles are based on social work’s core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire.

**Value: Service**

**Ethical Principle:** *Social workers’ primary goal is to help people in need and to address social problems.*
Social workers elevate service to others above selfinterest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service).

**Value: Social Justice**

**Ethical Principle:** *Social workers challenge social injustice.*
Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers’ social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

**Value: Dignity and Worth of the Person**
**Ethical Principle:** Social workers respect the inherent dignity and worth of the person. Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients’ socially responsible self determination. Social workers seek to enhance clients’ capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients’ interests and the broader society’s interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.

**Value:** Importance of Human Relationships

**Ethical Principle:** Social workers recognize the central importance of human relationships. Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the wellbeing of individuals, families, social groups, organizations, and communities.

**Value:** Integrity

**Ethical Principle:** Social workers behave in a trustworthy manner. Social workers are continually aware of the profession’s mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

**Value:** Competence

**Ethical Principle:** Social workers practice within their areas of competence and develop and enhance their professional expertise. Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.

**Ethical Standards**

The following ethical standards are relevant to the professional activities of all social workers. These standards concern (1) social workers’ ethical responsibilities to clients, (2) social workers’ ethical responsibilities to colleagues, (3) social workers’ ethical responsibilities in practice settings, (4) social workers’ ethical responsibilities as professionals, (5) social workers’ ethical responsibilities to the social work profession, and (6) social workers’ ethical responsibilities to the broader society.

Some of the standards that follow are enforceable guidelines for professional conduct, and some are aspirational. The extent to which each standard is enforceable is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations of ethical standards.
1. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO CLIENTS

1.01 Commitment to Clients

Social workers’ primary responsibility is to promote the wellbeing of clients. In general, clients’ interests are primary. However, social workers’ responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)

1.02 Self-determination

Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients’ right to self-determination when, in the social workers’ professional judgment, clients’ actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

1.03 Informed Consent

(a) Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third-party payer, relevant costs, reasonable alternatives, clients’ right to refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions.

(b) In instances when clients are not literate or have difficulty understanding the primary language used in the practice setting, social workers should take steps to ensure clients’ comprehension. This may include providing clients with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible.

(c) In instances when clients lack the capacity to provide informed consent, social workers should protect clients’ interests by seeking permission from an appropriate third party, informing clients consistent with the clients’ level of understanding. In such instances social workers should seek to ensure that the third party acts in a manner consistent with clients’ wishes and interests. Social workers should take reasonable steps to enhance such clients’ ability to give informed consent.

(d) In instances when clients are receiving services involuntarily, social workers should provide information about the nature and extent of services and about the extent of clients’ right to refuse service.

(e) Social workers who provide services via electronic media (such as computer, telephone, radio, and television) should inform recipients of the limitations and risks associated with such services.

(f) Social workers should obtain clients’ informed consent before audiotaping or videotaping clients or permitting observation of services to clients by a third party.
1.04 Competence

(a) Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

(b) Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.

(c) When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.

1.05 Cultural Competence and Social Diversity

(a) Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.

(b) Social workers should have a knowledge base of their clients’ cultures and be able to demonstrate competence in the provision of services that are sensitive to clients’ cultures and to differences among people and cultural groups.

(c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

1.06 Conflicts of Interest

(a) Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients’ interests primary and protects clients’ interests to the greatest extent possible. In some cases, protecting clients’ interests may require termination of the professional relationship with proper referral of the client.

(b) Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

(c) Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship,
whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.

(d) When social workers provide services to two or more people who have a relationship with each other (for example, couples, family members), social workers should clarify with all parties which individuals will be considered clients and the nature of social workers’ professional obligations to the various individuals who are receiving services. Social workers who anticipate a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially conflicting roles (for example, when a social worker is asked to testify in a child custody dispute or divorce proceedings involving clients) should clarify their role with the parties involved and take appropriate action to minimize any conflict of interest.

1.07 Privacy and Confidentiality

(a) Social workers should respect clients’ right to privacy. Social workers should not solicit private information from clients unless it is essential to providing services or conducting social work evaluation or research. Once private information is shared, standards of confidentiality apply.

(b) Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.

(c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

(d) Social workers should inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made. This applies whether social workers disclose confidential information on the basis of a legal requirement or client consent.

(e) Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients’ right to confidentiality. Social workers should review with clients circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the social worker client relationship and as needed throughout the course of the relationship.

(f) When social workers provide counseling services to families, couples, or groups, social workers should seek agreement among the parties involved concerning each individual’s right to confidentiality and obligation to preserve the confidentiality of information shared by others. Social workers should inform participants in family, couples, or group counseling that social workers cannot guarantee that all participants will honor such agreements.
(g) Social workers should inform clients involved in family, couples, marital, or group counseling of the social worker’s, employer’s, and agency’s policy concerning the social worker’s disclosure of confidential information among the parties involved in the counseling.

(h) Social workers should not disclose confidential information to third-party payers unless clients have authorized such disclosure.

(i) Social workers should not discuss confidential information in any setting unless privacy can be ensured. Social workers should not discuss confidential information in public or semipublic areas such as hallways, waiting rooms, elevators, and restaurants.

(j) Social workers should protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders social workers to disclose confidential or privileged information without a client’s consent and such disclosure could cause harm to the client, social workers should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection.

(k) Social workers should protect the confidentiality of clients when responding to requests from members of the media.

(l) Social workers should protect the confidentiality of clients’ written and electronic records and other sensitive information. Social workers should take reasonable steps to ensure that clients’ records are stored in a secure location and that clients’ records are not available to others who are not authorized to have access.

(m) Social workers should take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology. Disclosure of identifying information should be avoided whenever possible.

(n) Social workers should transfer or dispose of clients’ records in a manner that protects clients’ confidentiality and is consistent with state statutes governing records and social work licensure.

(o) Social workers should take reasonable precautions to protect client confidentiality in the event of the social worker’s termination of practice, incapacitation, or death.

(p) Social workers should not disclose identifying information when discussing clients for teaching or training purposes unless the client has consented to disclosure of confidential information.

(q) Social workers should not disclose identifying information when discussing clients with consultants unless the client has consented to disclosure of confidential information or there is a compelling need for such disclosure.
(r) Social workers should protect the confidentiality of deceased clients consistent with the preceding standards.

1.08 Access to Records

(a) Social workers should provide clients with reasonable access to records concerning the clients. Social workers who are concerned that clients’ access to their records could cause serious misunderstanding or harm to the client should provide assistance in interpreting the records and consultation with the client regarding the records. Social workers should limit clients’ access to their records, or portions of their records, only in exceptional circumstances when there is compelling evidence that such access would cause serious harm to the client. Both clients’ requests and the rationale for withholding some or all of the record should be documented in clients’ files.

(b) When providing clients with access to their records, social workers should take steps to protect the confidentiality of other individuals identified or discussed in such records.

1.09 Sexual Relationships

(a) Social workers should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced.

(b) Social workers should not engage in sexual activities or sexual contact with clients’ relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients’ relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the social worker and client to maintain appropriate professional boundaries. Social workers—not their clients, their clients’ relatives, or other individuals with whom the client maintains a personal relationship—assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client. If social workers engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is social workers—not their clients—who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

(d) Social workers should not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing clinical services to a former sexual partner has the potential to be harmful to the individual and is likely to make it difficult for the social worker and individual to maintain appropriate professional boundaries.

1.10 Physical Contact

Social workers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients).
Social workers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.

1.11 Sexual Harassment

Social workers should not sexually harass clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

1.12 Derogatory Language

Social workers should not use derogatory language in their written or verbal communications to or about clients. Social workers should use accurate and respectful language in all communications to and about clients.

1.13 Payment for Services

(a) When setting fees, social workers should ensure that the fees are fair, reasonable, and commensurate with the services performed. Consideration should be given to clients’ ability to pay.

(b) Social workers should avoid accepting goods or services from clients as payment for professional services. Bartering arrangements, particularly involving services, create the potential for conflicts of interest, exploitation, and inappropriate boundaries in social workers’ relationships with clients. Social workers should explore and may participate in bartering only in very limited circumstances when it can be demonstrated that such arrangements are an accepted practice among professionals in the local community, considered to be essential for the provision of services, negotiated without coercion, and entered into at the client’s initiative and with the client’s informed consent. Social workers who accept goods or services from clients as payment for professional services assume the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship.

(c) Social workers should not solicit a private fee or other remuneration for providing services to clients who are entitled to such available services through the social workers’ employer or agency.

1.14 Clients Who Lack Decision-Making Capacity

When social workers act on behalf of clients who lack the capacity to make informed decisions, social workers should take reasonable steps to safeguard the interests and rights of those clients.

1.15 Interruption of Services

Social workers should make reasonable efforts to ensure continuity of services in the event that services are interrupted by factors such as unavailability, relocation, illness, disability, or death.

1.16 Termination of Services
(a) Social workers should terminate services to clients and professional relationships with them when such services and relationships are no longer required or no longer serve the clients’ needs or interests.

(b) Social workers should take reasonable steps to avoid abandoning clients who are still in need of services. Social workers should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. Social workers should assist in making appropriate arrangements for continuation of services when necessary.

(c) Social workers in fee-for-service settings may terminate services to clients who are not paying an overdue balance if the financial contractual arrangements have been made clear to the client, if the client does not pose an imminent danger to self or others, and if the clinical and other consequences of the current nonpayment have been addressed and discussed with the client.

(d) Social workers should not terminate services to pursue a social, financial, or sexual relationship with a client.

(e) Social workers who anticipate the termination or interruption of services to clients should notify clients promptly and seek the transfer, referral, or continuation of services in relation to the clients’ needs and preferences.

(f) Social workers who are leaving an employment setting should inform clients of appropriate options for the continuation of services and of the benefits and risks of the options.

2. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES TO COLLEAGUES

2.01 Respect

(a) Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues.

(b) Social workers should avoid unwarranted negative criticism of colleagues in communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues’ level of competence or to individuals’ attributes such as race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

(c) Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the wellbeing of clients.

2.02 Confidentiality

Social workers should respect confidential information shared by colleagues in the course of their professional relationships and transactions. Social workers should ensure that such colleagues understand social workers’ obligation to respect confidentiality and any exceptions related to it.

2.03 Interdisciplinary Collaboration
(a) Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the wellbeing of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.

(b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client wellbeing.

2.04 Disputes Involving Colleagues

(a) Social workers should not take advantage of a dispute between a colleague and an employer to obtain a position or otherwise advance the social workers’ own interests.

(b) Social workers should not exploit clients in disputes with colleagues or engage clients in any inappropriate discussion of conflicts between social workers and their colleagues.

2.05 Consultation

(a) Social workers should seek the advice and counsel of colleagues whenever such consultation is in the best interests of clients.

(b) Social workers should keep themselves informed about colleagues’ areas of expertise and competencies. Social workers should seek consultation only from colleagues who have demonstrated knowledge, expertise, and competence related to the subject of the consultation.

(c) When consulting with colleagues about clients, social workers should disclose the least amount of information necessary to achieve the purposes of the consultation.

2.06 Referral for Services

(a) Social workers should refer clients to other professionals when the other professionals’ specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that additional service is required.

(b) Social workers who refer clients to other professionals should take appropriate steps to facilitate an orderly transfer of responsibility. Social workers who refer clients to other professionals should disclose, with clients’ consent, all pertinent information to the new service providers.

(c) Social workers are prohibited from giving or receiving payment for a referral when no professional service is provided by the referring social worker.

2.07 Sexual Relationships
(a) Social workers who function as supervisors or educators should not engage in sexual activities or contact with supervisees, students, trainees, or other colleagues over whom they exercise professional authority.

(b) Social workers should avoid engaging in sexual relationships with colleagues when there is potential for a conflict of interest. Social workers who become involved in, or anticipate becoming involved in, a sexual relationship with a colleague have a duty to transfer professional responsibilities, when necessary, to avoid a conflict of interest.

2.08 Sexual Harassment

Social workers should not sexually harass supervisees, students, trainees, or colleagues. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

2.09 Impairment of Colleagues

(a) Social workers who have direct knowledge of a social work colleague’s impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice effectiveness should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague’s impairment interferes with practice effectiveness and that the colleague has not taken adequate steps to address the impairment should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.10 Incompetence of Colleagues

(a) Social workers who have direct knowledge of a social work colleague’s incompetence should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague is incompetent and has not taken adequate steps to address the incompetence should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.11 Unethical Conduct of Colleagues

(a) Social workers should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.

(b) Social workers should be knowledgeable about established policies and procedures for handling concerns about colleagues’ unethical behavior. Social workers should be familiar with national, state, and local procedures for handling ethics complaints. These include policies and procedures created by NASW, licensing and regulatory bodies, employers, agencies, and other professional organizations.
(c) Social workers who believe that a colleague has acted unethically should seek resolution by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive.

(d) When necessary, social workers who believe that a colleague has acted unethically should take action through appropriate formal channels (such as contacting a state licensing board or regulatory body, an NASW committee on inquiry, or other professional ethics committees).

(e) Social workers should defend and assist colleagues who are unjustly charged with unethical conduct.

3. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES IN PRACTICE SETTINGS

3.01 Supervision and Consultation

(a) Social workers who provide supervision or consultation should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.

(b) Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation of or potential harm to the supervisee.

(d) Social workers who provide supervision should evaluate supervisees’ performance in a manner that is fair and respectful.

3.02 Education and Training

(a) Social workers who function as educators, field instructors for students, or trainers should provide instruction only within their areas of knowledge and competence and should provide instruction based on the most current information and knowledge available in the profession.

(b) Social workers who function as educators or field instructors for students should evaluate students’ performance in a manner that is fair and respectful.

(c) Social workers who function as educators or field instructors for students should take reasonable steps to ensure that clients are routinely informed when services are being provided by students.

(d) Social workers who function as educators or field instructors for students should not engage in any dual or multiple relationships with students in which there is a risk of exploitation or potential harm to the student. Social work educators and field instructors are responsible for setting clear, appropriate, and culturally sensitive boundaries.

3.03 Performance Evaluation
Social workers who have responsibility for evaluating the performance of others should fulfill such responsibility in a fair and considerate manner and on the basis of clearly stated criteria.

3.04 Client Records

(a) Social workers should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.

(b) Social workers should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.

(c) Social workers’ documentation should protect clients’ privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services.

(d) Social workers should store records following the termination of services to ensure reasonable future access. Records should be maintained for the number of years required by state statutes or relevant contracts.

3.05 Billing

Social workers should establish and maintain billing practices that accurately reflect the nature and extent of services provided and that identify who provided the service in the practice setting.

3.06 Client Transfer

(a) When an individual who is receiving services from another agency or colleague contacts a social worker for services, the social worker should carefully consider the client’s needs before agreeing to provide services. To minimize possible confusion and conflict, social workers should discuss with potential clients the nature of the clients’ current relationship with other service providers and the implications, including possible benefits or risks, of entering into a relationship with a new service provider.

(b) If a new client has been served by another agency or colleague, social workers should discuss with the client whether consultation with the previous service provider is in the client’s best interest.

3.07 Administration

(a) Social work administrators should advocate within and outside their agencies for adequate resources to meet clients’ needs.

(b) Social workers should advocate for resource allocation procedures that are open and fair. When not all clients’ needs can be met, an allocation procedure should be developed that is nondiscriminatory and based on appropriate and consistently applied principles.
(c) Social workers who are administrators should take reasonable steps to ensure that adequate agency or organizational resources are available to provide appropriate staff supervision.

(d) Social work administrators should take reasonable steps to ensure that the working environment for which they are responsible is consistent with and encourages compliance with the \textit{NASW Code of Ethics}. Social work administrators should take reasonable steps to eliminate any conditions in their organizations that violate, interfere with, or discourage compliance with the \textit{Code}.

3.08 Continuing Education and Staff Development

Social work administrators and supervisors should take reasonable steps to provide or arrange for continuing education and staff development for all staff for whom they are responsible. Continuing education and staff development should address current knowledge and emerging developments related to social work practice and ethics.

3.09 Commitments to Employers

(a) Social workers generally should adhere to commitments made to employers and employing organizations.

(b) Social workers should work to improve employing agencies’ policies and procedures and the efficiency and effectiveness of their services.

(c) Social workers should take reasonable steps to ensure that employers are aware of social workers’ ethical obligations as set forth in the \textit{NASW Code of Ethics} and of the implications of those obligations for social work practice.

(d) Social workers should not allow an employing organization’s policies, procedures, regulations, or administrative orders to interfere with their ethical practice of social work. Social workers should take reasonable steps to ensure that their employing organizations’ practices are consistent with the \textit{NASW Code of Ethics}.

(e) Social workers should act to prevent and eliminate discrimination in the employing organization’s work assignments and in its employment policies and practices.

(f) Social workers should accept employment or arrange student field placements only in organizations that exercise fair personnel practices.

(g) Social workers should be diligent stewards of the resources of their employing organizations, wisely conserving funds where appropriate and never misappropriating funds or using them for unintended purposes.

3.10 LaborManagement Disputes

(a) Social workers may engage in organized action, including the formation of and participation in labor unions, to improve services to clients and working conditions.
(b) The actions of social workers who are involved in labor-management disputes, job actions, or labor strikes should be guided by the profession’s values, ethical principles, and ethical standards. Reasonable differences of opinion exist among social workers concerning their primary obligation as professionals during an actual or threatened labor strike or job action. Social workers should carefully examine relevant issues and their possible impact on clients before deciding on a course of action.

4. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES AS PROFESSIONALS

4.01 Competence

(a) Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence.

(b) Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.

(c) Social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics.

4.02 Discrimination

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.

4.03 Private Conduct

Social workers should not permit their private conduct to interfere with their ability to fulfill their professional responsibilities.

4.04 Dishonesty, Fraud, and Deception

Social workers should not participate in, condone, or be associated with dishonesty, fraud, or deception.

4.05 Impairment

(a) Social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility.
(b) Social workers whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others.

4.06 Misrepresentation

(a) Social workers should make clear distinctions between statements made and actions engaged in as a private individual and as a representative of the social work profession, a professional social work organization, or the social worker’s employing agency.

(b) Social workers who speak on behalf of professional social work organizations should accurately represent the official and authorized positions of the organizations.

(c) Social workers should ensure that their representations to clients, agencies, and the public of professional qualifications, credentials, education, competence, affiliations, services provided, or results to be achieved are accurate. Social workers should claim only those relevant professional credentials they actually possess and take steps to correct any inaccuracies or misrepresentations of their credentials by others.

4.07 Solicitations

(a) Social workers should not engage in uninvited solicitation of potential clients who, because of their circumstances, are vulnerable to undue influence, manipulation, or coercion.

(b) Social workers should not engage in solicitation of testimonial endorsements (including solicitation of consent to use a client’s prior statement as a testimonial endorsement) from current clients or from other people who, because of their particular circumstances, are vulnerable to undue influence.

4.08 Acknowledging Credit

(a) Social workers should take responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed.

(b) Social workers should honestly acknowledge the work of and the contributions made by others.

5. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES TO THE SOCIAL WORK PROFESSION

5.01 Integrity of the Profession

(a) Social workers should work toward the maintenance and promotion of high standards of practice.

(b) Social workers should uphold and advance the values, ethics, knowledge, and mission of the profession. Social workers should protect, enhance, and improve the integrity of the profession.
through appropriate study and research, active discussion, and responsible criticism of the profession.

(c) Social workers should contribute time and professional expertise to activities that promote respect for the value, integrity, and competence of the social work profession. These activities may include teaching, research, consultation, service, legislative testimony, presentations in the community, and participation in their professional organizations.

(d) Social workers should contribute to the knowledge base of social work and share with colleagues their knowledge related to practice, research, and ethics. Social workers should seek to contribute to the profession’s literature and to share their knowledge at professional meetings and conferences.

(e) Social workers should act to prevent the unauthorized and unqualified practice of social work.

5.02 Evaluation and Research

(a) Social workers should monitor and evaluate policies, the implementation of programs, and practice interventions.

(b) Social workers should promote and facilitate evaluation and research to contribute to the development of knowledge.

(c) Social workers should critically examine and keep current with emerging knowledge relevant to social work and fully use evaluation and research evidence in their professional practice.

(d) Social workers engaged in evaluation or research should carefully consider possible consequences and should follow guidelines developed for the protection of evaluation and research participants. Appropriate institutional review boards should be consulted.

(e) Social workers engaged in evaluation or research should obtain voluntary and written informed consent from participants, when appropriate, without any implied or actual deprivation or penalty for refusal to participate; without undue inducement to participate; and with due regard for participants’ wellbeing, privacy, and dignity. Informed consent should include information about the nature, extent, and duration of the participation requested and disclosure of the risks and benefits of participation in the research.

(f) When evaluation or research participants are incapable of giving informed consent, social workers should provide an appropriate explanation to the participants, obtain the participants’ assent to the extent they are able, and obtain written consent from an appropriate proxy.

(g) Social workers should never design or conduct evaluation or research that does not use consent procedures, such as certain forms of naturalistic observation and archival research, unless rigorous and responsible review of the research has found it to be justified because of its prospective scientific, educational, or applied value and unless equally effective alternative procedures that do not involve waiver of consent are not feasible.
(h) Social workers should inform participants of their right to withdraw from evaluation and research at any time without penalty.

(i) Social workers should take appropriate steps to ensure that participants in evaluation and research have access to appropriate supportive services.

(j) Social workers engaged in evaluation or research should protect participants from unwarranted physical or mental distress, harm, danger, or deprivation.

(k) Social workers engaged in the evaluation of services should discuss collected information only for professional purposes and only with people professionally concerned with this information.

(l) Social workers engaged in evaluation or research should ensure the anonymity or confidentiality of participants and of the data obtained from them. Social workers should inform participants of any limits of confidentiality, the measures that will be taken to ensure confidentiality, and when any records containing research data will be destroyed.

(m) Social workers who report evaluation and research results should protect participants’ confidentiality by omitting identifying information unless proper consent has been obtained authorizing disclosure.

(n) Social workers should report evaluation and research findings accurately. They should not fabricate or falsify results and should take steps to correct any errors later found in published data using standard publication methods.

(o) Social workers engaged in evaluation or research should be alert to and avoid conflicts of interest and dual relationships with participants, should inform participants when a real or potential conflict of interest arises, and should take steps to resolve the issue in a manner that makes participants’ interests primary.

(p) Social workers should educate themselves, their students, and their colleagues about responsible research practices.

6. SOCIAL WORKERS’ ETHICAL RESPONSIBILITIES TO THE BROADER SOCIETY

6.01 Social Welfare

Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice.

6.02 Public Participation
Social workers should facilitate informed participation by the public in shaping social policies and institutions.

6.03 Public Emergencies

Social workers should provide appropriate professional services in public emergencies to the greatest extent possible.

6.04 Social and Political Action

(a) Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice.

(b) Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups.

(c) Social workers should promote conditions that encourage respect for cultural and social diversity within the United States and globally. Social workers should promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights of and confirm equity and social justice for all people.

(d) Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.
Parent/Caregiver Protective Capacities
Definitions and Examples

Behavioral Protective Capacities

The parent/caregiver has a history of protecting
This refers to a person with many experiences and events in which they have demonstrated clear and reportable evidence of having been protective.
  • People who have protected their children in demonstrative ways by separating them from danger seeking assistance from others; or similar clear evidence.
  • Parents/caregivers and other reliable people who can describe various events and experiences where protectiveness was evident.

The parent/caregiver takes action.
This refers to a person who is action-oriented in all aspects of their life.
  • People who proceed with a positive course of action in resolving issues.
  • People who take necessary steps to complete tasks.

The parent/caregiver demonstrates impulse control.
This refers to a person who is deliberate and careful; who acts in managed and self-controlled ways.
  • People who think about consequences and act accordingly.
  • People who are able to plan.

The parent/caregiver is physically able and has adequate energy.
This refers to people who are sufficiently healthy, mobile and strong.
  • People with physical abilities to effectively deal with dangers like fires or physical threats.
  • People who have the personal sustenance necessary to be ready and on the job of being protective.

The parent/caregiver has/demonstrates adequate skill to fulfill responsibilities.
This refers to the possession and use of skills that are related to being protective as a parent/caregiver.
  • People who can care for, feed, supervise, etc. their children according to their basic needs.
  • People who can handle and manage their caregiving responsibilities.

The parent/caregiver sets aside her/his needs in favor of a child.
This refers to people who can delay gratifying their own needs, who accept their children’s needs as a priority over their own.
  • People who do for themselves after they’ve done for their children.
  • People who seek ways to satisfy their children’s needs as the priority.
Parental Protective Capacity Case Study and Worksheet

Directions:
Read the case study information about the Inglehoff-Carson family that is provided in this document. Then, type the Parental Protective Capacities of the primary subject, Jill, into the text box located at the end of this document. (You may also print the document and write the capacities using pen/pencil.)

Once completed, save your changes and print this worksheet to discuss with your supervisor.

Case Study:

Mother – Jill Inglehoff, 19 years old
Father – Chad Carson, 19 years old
Daughter – Hannah, 11 months old

Presenting Situation - January
A neighbor called the police in the middle of the night. Hannah had been crying for an extended period and Jill was periodically yelling at her. This was not unusual. He complained to Jill and then heard Hannah being hit. Hannah had a slap mark on her face and a large bruise and swelling on the back of her head from hitting the crib. Neurological testing at the emergency room showed no internal injury or brain damage. The physical abuse report was substantiated.

Family Information
Jill and Chad dated for several years in high school. Jill is a year ahead of Chad in school. She always got good grades, especially in math, and planned to get a degree in accounting. When she graduated, she enrolled in the local community college to stay close to Chad. They planned to leave for the state university together the following fall. That June, Jill became pregnant. In fall Jill and Chad got an apartment together and Chad stayed at his summer job in his father’s chiropractic office, deferring school due to the baby. Jill continued part time classes first semester and worked part time. Both Chad and Jill’s parents were concerned their children were throwing their futures away and strongly advocated for placing the baby for adoption. Jill’s parents were embarrassed by Jill’s pregnancy and have had little to do with her since Hannah’s birth. They did not visit her in the hospital and have never provided care for Hannah.

The baby was born prematurely in February and spent two months in Neonatal Intensive Care. She was named Hannah after Jill’s grandmother who had recently died. Jill quit her job and slept most nights in the family room at the hospital. This proximity allowed her to nurse the baby and Jill learned a lot about the care of the baby from the staff there. After Hannah came home, Jill frequently called the nursing staff with questions about Hannah’s care.

When Hannah came home, Jill got a job at Jiffy Print and Chad continued at his father’s office. They arranged their schedules to minimize child care due to concern for her and finances. Both parents found this period stressful. Their friends were all absorbed in school and their extended families disapproved and provided no monetary support, though Chad’s mother occasionally
Parent's Safety Role Worksheet

Fill out this worksheet by typing in examples of the feelings, thoughts, and behaviors that go into keeping a child safe from danger. When complete, save and print this worksheet.

**Emotional aspects of the parent's safety role**
What emotional capacities does this parent have? What feelings does the parent have toward the child? What emotions are evident in his/her parenting that are important to keeping the child safe?

**Cognitive aspects of the parent's safety role**
What cognitive abilities does the parent need to keep the child safe? What does the parent know that helps keep the child safe? What does the parent think about to keep the child safe?

**Behavioral aspects of the parent's safety role**
What physical abilities does the parent need to keep the child safe? What does the parent do that demonstrates child safety is a priority?
Present Danger Threats Worksheet

This worksheet has two purposes. First, it provides you with a list of each of the present danger threats and their definitions exactly as they are defined in the Safety Intervention Standards, Appendix 1. Secondly, it gives you the opportunity to apply your understanding of these threats by connecting each one with a potential real-life scenario.

Directions:

1. Skim through the entire list of present danger threats and their definitions.
2. For each threat, you are asked to think of a brief scenario or example to which the threat might be applicable.
   a. Each threat/definition is followed by an area where you can record your example. **Note:** You can enter your example by typing directly into the text box following the conditions or you may print the document and then use pen/pencil to complete this activity. If you choose to complete this activity electronically, then be sure to save your document every couple of minutes. Print it out when you are complete so you can bring it to your supervisor.

Present Danger Threats and Definitions:

**Maltreatment**

➢ The child is being maltreated at the time of the report or at initial contact
This means that the child is being maltreated at the time the report is being made, maltreatment has occurred the same day as the initial contact, or maltreatment is in process at the time of the initial contact. This does not include chronic neglect that is reported as being ongoing but does not necessarily meet the criteria for present danger.
SAFETY APPENDIX 2
The Vulnerable Child

Introduction

Is there a vulnerable child in this family?

Child vulnerability refers to a child’s capacity for self-protection. This definition helps to challenge the tendency of associating vulnerability primarily with age.

The Safety Assessment

Child vulnerability is the first conclusion you make when completing a safety assessment. If you conclude that there is not a vulnerable child in the family/household, no further safety assessment is necessary and no safety plan is required. When, however, you determine that a vulnerable child lives in the family/household, then you proceed with completing the safety assessment.

Safety is an issue only when there is a vulnerable child in a family.

Judging Child Vulnerability

In order to judge child vulnerability, you will need to observe the family and gather information to evaluate the child, understand the role the child has in the family, and have a sense of the parent-child interaction or relationship. While the vulnerability of some children is obvious simply by observation (e.g., an infant), it is not uncommon that a CPS worker cannot make an adequate judgment on the vulnerability of a child until the conclusion of the initial assessment/investigation.

The following will assist in judging child vulnerability:

Age – Children from birth to six years old are always vulnerable. Be hyper-vigilant about infants.

Physical Disability – Regardless of age, children who are physically handicapped and therefore unable to remove themselves from danger are vulnerable. Those who, because of their physical limitations, are highly dependent on others to meet their basic needs are vulnerable.

Mental Disability – Regardless of age, children who are cognitively limited are vulnerable because of a number of possible limitations: recognizing danger, knowing who can be trusted, meeting their basic needs and seeking protection.
GLOSSARY

The management and treatment of threats to child safety is based on concepts that should be fully understood and applied. The foundation for what CPS does during safety intervention is grounded on these concepts. The proficient use of the ideas that are expressed through these definitions is fully dependent on a versatile working knowledge of what these concepts are and how they have relevance, give meaning and apply to safety intervention.

1. **Impending Danger** is a foreseeable state of danger in which family behaviors, attitudes, motives, emotions and/or situations pose a threat which may not be currently active, but can be anticipated to have severe effects on a child at any time in the near future and requires safety intervention. The danger may not be obvious at the onset of CPS intervention or occurring in a present context, but can be identified and understood upon more fully evaluating individual and family conditions and functioning. There are seventeen (17) impending danger threats contained as criteria on the Safety Assessment for assessing, determining, and recording the presence of impending danger.

2. **Parent or Caregiver Protective Capacities** refers to personal and parenting behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person being protective of his or her child. A protective capacity is a specific quality that can be observed, understood and demonstrated as a part of the way a parent thinks, feels, and acts that makes her or him protective.

3. **Present Danger Threats** refer to immediate, significant and clearly observable family condition that is actively occurring or “in process” of occurring at the point of contact with a family and will likely result in severe harm to a child.

4. **Protective Plan** refers to an immediate, short term action that protects a child from present danger threats in order to allow completion of the initial assessment/investigation and, if needed, the implementation of a safety plan.

5. **Reunification** refers to a safety decision to modify an out-of-home safety plan to an in-home safety plan based on an analysis that a) impending danger threats can be controlled; b) parent/caregiver protective capacities have been sufficiently enhanced; and c) parent/caregivers are willing and able to accept an in-home safety plan.

6. **Safe Home** refers to the required safety intervention outcome that must be achieved in order for a case that involves an unsafe child to be successfully closed. A safe home is a qualified environment and living circumstance that once established can be judged to assure a child’s safety and provide a permanent living arrangement. A safe home is qualified by the absence or reduction of threats of severe harm; the presence of sufficient parent or caregiver protective capacities; and confidence in consistency and endurance of the conditions that produced the safe home. The term “safe home” is used in the Adoption and Safe Families Act (ASFA) as the objective of CPS intervention.
THE DANGER THRESHOLD AND IMPENDING DANGER THREATS TO CHILD SAFETY

The definition for impending danger indicates that threats to child safety are family conditions that are specific and observable. A threat of impending danger is something CPS sees or learns about from credible sources. Family members and others who know a family can describe threats of impending danger. These dangerous family conditions can be observed, identified, and understood. If CPS cannot describe in detail a family condition or parent/caregiver behavior that is a threat to a child's safety that he or she has seen or been told about then that is an indication that it is not a threat of impending danger. Child vulnerability is always assessed and determined separate from identifying impending danger. If a case does not include a vulnerable child then safety is not an issue.

The Danger Threshold refers to the point at which family behaviors, conditions or situations rise to the level of directly threatening the safety of a child. The danger threshold is crossed when family behaviors, conditions or situations are manifested in such a way that they are beyond being just problems or risk influences and have become threatening to child safety. These family behaviors, conditions, or situations are active at a heightened degree, a greater level of intensity, and are judged to be out of the parent/caregiver or family's control thus having implications for dangerousness.

The danger threshold is the means by which a family condition can be judged or measured to determine if an impending danger threat exists. The danger threshold criteria includes: family behaviors, conditions or situations that are observable, specific and justifiable; occurring in the presence of a vulnerable child; are out-of-control; are severe/extreme in nature; are imminent; and likely to produce severe harm. The danger threshold includes only those family conditions that are judged to be out of a parent's/caregiver's control and out of the control of others within the family. This includes situations where the parent/caregiver is able to control conditions, behaviors, or situations but is unwilling or refuses to exert control.

Danger Threshold Definitions

- **Observable** refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen, identified and understood and are subject to being reported, named, and justified. The criterion “observable” does not include suspicion, intuitive feelings, difficulties in worker-family interaction, lack of cooperation, or difficulties in obtaining information.

- **Vulnerable Child** refers to a child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in
• **Out-of-Control** refers to family behavior, conditions or situations which are unrestrained resulting in an unpredictable and possibly chaotic family environment not subject to the influence, manipulation, or ability within the family’s control. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system. The family cannot or will not control these dangerous behaviors, conditions or situations.

• **Imminent** refers to the belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks and will have an impact on the child within that timeframe. This is consistent with a degree of certainty or inevitability that danger and harm are possible, even likely, outcomes without intervention.

• **Severity** refers to the degree of harm that is possible or likely without intervention. As far as danger is concerned, the danger threshold is consistent with severe harm. Severe harm includes such effects as serious physical injury, disability, terror and extreme fear, impairment and death. The danger threshold is also in line with family conditions that reasonably could result in harsh and unacceptable pain and suffering for a vulnerable child. In judging whether a behavior or condition is a threat to safety, consider if the harm that is possible or likely within the next few weeks has potential for severe harm, even if it has not resulted in such harm in the past. In addition to this application in the threshold, the concept of severity can also be used to describe maltreatment that has occurred in the past.

**Impending Danger Threats - Definitions and Examples**

1. **No adult in the home will perform parental duties and responsibilities.**

   This refers only to adults (not children) in a caregiving role. Duties and responsibilities related to the provision of food, clothing, shelter, and supervision are considered at a basic level.

   This threat includes both behaviors and emotions illustrated in the following examples.

   ➢ Parent’s/caregiver’s physical or mental disability/incapacitation makes the person unable to provide basic care for the child.
2. **One or both parents/caregivers are violent.**

Violence refers to aggression, fighting, brutality, cruelty and hostility. It may be regularly, generally or potentially active.

This threat includes both behaviors and emotions as illustrated in the following examples.

*Domestic Violence:*
- Parent/caregiver physically and/or verbally assaults their partner and the child witnesses the activity and is fearful for self and/or others.
- Parent/caregiver threatens, attacks, or injures both their partner and the child.
- Parent/caregiver threatens, attacks, or injures their partner and the child attempts or may attempt to intervene.
- Parent/caregiver threatens, attacks, or injures their partner and the child is harmed even though the child may not be the actual target of the violence.
- Parent/caregiver threatens to harm the child or withhold necessary care from the child in order to intimidate or control their partner.

*General violence:*
- Parent/caregiver whose behavior outside of the home (drugs, violence, aggressiveness, hostility, etc.) creates an environment within the home that could reasonably cause severe consequences to the child (e.g. drug parties, gangs, drive-by shootings).
- Parent/caregiver who is impulsive, explosive or out of control, having temper outbursts which result in violent physical actions (e.g. throwing things).
3. **One or both parents' caregivers' behavior is dangerously impulsive or they will not/cannot control their behavior.**

This threat is about self-control (e.g. a person's ability to postpone or set aside needs, plan, be dependable, avoid destructive behavior, use good judgment, not act on impulses, exert energy and action or manage emotions. Parent's/caregiver's lack of self control places vulnerable children in jeopardy. This threat includes parents/caregivers who are incapacitated or not controlling their behavior because of mental health or substance abuse issues).

Poor impulse control or lack of self-control includes behaviors other than aggression and can lead to severe consequence to a child.

- Parent/caregiver is seriously depressed and functionally unable to meet the child's basic needs
- Parent/caregiver is chemically dependent and unable to control the dependency's effects.
- Substance abuse renders the parent/caregiver incapable of routinely/consistently attending to child’s basic needs.
- Parent/caregiver makes impulsive decisions and plans that leave the child in precarious situations (e.g. unsupervised, supervised by an unreliable person).
- Parent/caregiver spends money impulsively resulting in a lack of basic necessities.
- Parent/caregiver is emotionally immobilized (chronically or situational) and cannot control behavior.
- Parent/caregiver has addictive patterns or behaviors (e.g. addiction to substances, gambling, computers) that are uncontrolled and leave the child in potentially severe situations (e.g. failure to supervise or provide other basic care)
- Parent/caregiver is delusional or experiencing hallucinations.
- Parent/caregiver cannot control sexual impulses (e.g. sexual activity with or in front of the child).

4. **One or both parents/caregivers have extremely negative perceptions of the child.**

"Extremely" means a negative perception that is so exaggerated that an out-of-control response by the parent/caregiver is likely and will have severe consequences for the child.

This threat is illustrated by the following examples.

- Child is perceived to be evil, deficient, or embarrassing.
- Child is perceived as having the same characteristics as someone the parent/caregiver hates or is fearful of or hostile towards, and the parent/caregiver transfers feelings and perceptions to the child.
 ➢ Child is considered to be punishing or torturing the parent/caregiver (e.g., responsible for difficulties in parent’s/caregiver’s life, limitations to their freedom, conflicts, losses, financial or other burdens).
 ➢ One parent/caregiver is jealous of the child and believes the child is a detriment or threat to the parent’s/caregiver’s intimate relationship and/or other parent.
 ➢ Parent/caregiver see the child as an undesirable extension of self and views the child with some sense of purging or punishing.

5. Family does not have or use resources necessary to assure the child’s basic needs.

“Basic needs” refers to family’s lack of 1) minimal resources to provide shelter, food, and clothing or 2) the capacity to use resources for basic needs, even when available.

This threat is illustrated in the following examples.

➤ Family has insufficient money to provide basic and protective care.
➤ Family has insufficient food, clothing, or shelter for basic needs of the child.
➤ Family finances are insufficient to support needs that, if unmet, could result in severe consequences to the child.
➤ Parent/caregiver lacks life management skills to properly use resources when they are available.
➤ Family is routinely using their resources for things (e.g. drugs) other than for basic care and support thereby leaving them without their basic needs being adequately met.

6. One or both parents/caregivers fear they will maltreat the child and/or request placement.

This refers to caregivers who express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a parent’s distraught/extreme “call for help.” A request for placement is extreme evidence with respect to a caregiver’s conclusion that the child can only be safe if he or she is away from the caregiver.

This threat is illustrated in the following examples.

➤ Parent/caregiver states they will maltreat.
➤ Parent/caregiver describes conditions and situations that stimulate them to think about maltreating the child.
➤ Parent/caregiver talks about being worried about, fearful of, or preoccupied with maltreating the child.
➤ Parent/caregiver identifies things that the child does that aggravate or annoy them in ways that makes them want to attack the child.
➤ Parent/caregiver describes disciplinary incidents that have become out-of-control.
7. **One or both parents/caregivers intend(ed) to seriously hurt the child.**

Parents/caregivers anticipate acting in a way that will assure pain and suffering. "Intended" means that before or during the time the child was harmed, the parent's/caregiver's conscious purpose was to hurt the child. This threat is distinguished from an incident in which the parent/caregiver meant to discipline or punish the child and the child was inadvertently hurt.

"Seriously" refers to causing the child to suffer physically or emotionally. Parent/caregiver action is more about causing a child pain than about a consequence needed to teach a child.

This threat includes both behaviors and emotions as illustrated in the following examples.

- The incident was planned or had an element of premeditation.
- The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g. cigarette burns).
- Parent's/caregiver's motivation to teach or discipline seems secondary to inflicting pain or injury.
- Parent/caregiver can reasonably be assumed to have had some awareness of what the result would be prior to the incident.
- Parent's/caregiver's actions were not impulsive, there was sufficient time and deliberation to assure that the actions hurt the child.

8. **One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child’s basic needs are met.**

This refers to basic parenting that directly affects meeting the child’s needs for food, clothing, shelter, and required level of supervision. The inability and/or unwillingness to meet basic needs create a concern for immediate and severe consequences for a vulnerable child.

This threat is illustrated in the following examples.

- Parent's/caregiver’s intellectual capacities affect judgment and/or knowledge in ways that prevent the provision of adequate basic care.
- Young or intellectually limited parents/primary caregivers have little or no knowledge of a child’s needs and capacity.
Parent’s/caregiver’s expectations of the child far exceed the child’s capacity thereby placing the child in situations that could result in severe consequences.

- Parent/caregiver does not know what basic care is or how to provide it (e.g., how to feed or diaper; how to protect or supervise according to the child’s age).
- Parent/caregiver’s parenting skills are exceeded by a child’s special needs and demands in ways that will result in severe consequences to the child.
- Parent/caregiver’s knowledge and skills are adequate for some children’s ages and development, but not for others (e.g., able to care for an infant, but cannot control a toddler).
- Parent/caregiver is averse to parenting and does not provide basic needs.
- Parent/caregiver avoids parenting and basic care responsibilities.
- Parent/caregiver allows others to parent or provide care to the child without concern for the other person’s ability or capacity.
- Parent/caregiver does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects, or household cleaners out of reach of small children).
- Parents/caregivers place their own needs above the child’s needs that could result in severe consequences to the child.
- Parents/caregivers do not believe the child’s disclosure of abuse/neglect even when there is a preponderance of evidence and this has or will result in severe consequences to the child.

9. The child has exceptional needs which the parents/caregivers cannot or will not meet.

“Exceptional” refers to specific child conditions (e.g., developmental disability, blindness, physical disability, special medical needs). This threat is present when parents/caregivers, by not addressing the child’s exceptional needs, create an immediate concern for severe consequences to the child.

This does not refer to parents/caregivers who do not do particularly well at meeting the child’s special needs, but the consequences are relatively mild. Rather, this refers to specific capacities/skills/intentions in parenting that must occur and are required for the “exceptional” child not to suffer serious consequences.

This threat exists, for example, when the child has a physical or other exceptional need or condition that, if unattended, will result in imminent and severe consequences and one of the following applies:

- Parent/caregiver does not recognize the condition or exceptional need.
- Parent/caregiver views the condition as less serious than it is.
- Parent/caregiver refuses to address the condition for religious or other reasons.
- Parent/caregiver lacks the capacity to fully understand the condition which results in severe consequences for the child.
➤ Parent’s/caregiver’s expectations of the child are totally unrealistic in view of the child’s condition.
➤ Parent/caregiver allows the child to live or be placed in situations in which harm is increased by virtue of the child’s condition.

10. Living arrangements seriously endanger the child’s physical health.

This threat refers to conditions in the home that are immediately life-threatening or seriously endanger the child’s physical health (e.g., people discharging firearms without regard to who might be harmed; the lack of hygiene is so dramatic as to potentially cause serious illness). Physical health includes serious injuries that could occur because of the condition of the living arrangement.

This threat is illustrated in the following examples.

➤ Housing is unsanitary, filthy, infested, a health hazard.
➤ The house’s physical structure is decaying, falling down.
➤ Wiring and plumbing in the house are substandard, exposed.
➤ Furnishings or appliances are hazardous.
➤ Heating, fireplaces, stoves, are hazardous and accessible.
➤ The home has easily accessible open windows or balconies in upper stories.
➤ The family home is being used for methamphetamine production; products and materials used in the production of methamphetamine are being stored and are accessible within the home.
➤ Occupants in the home, activity within the home, or traffic in and out of the home present a specific threat to the child that could result in severe consequences to the child.
➤ People who are under the influence of substances that can result in violent, sexual, or aggressive behavior are routinely in the home or have frequent access

11. The child is profoundly fearful of the home situation or people within the home.

“Home situation” includes specific family members and/or other conditions in the living arrangement. “People in the home” refers to those who either live in the home or frequent the home so often that a child routinely and reasonably expects that the person may be there or show up.

The child’s fear must be obvious, extreme, and related to some perceived danger that the child feels or experiences. This threat can also be present for a child who does not verbally express fear but their behavior and emotion clearly and vividly demonstrate fear.

This threat is illustrated in the following examples.
➤ Child demonstrates emotional and/or physical responses indicating fear of the living situation or of people within the home (e.g., crying, inability to focus, nervousness, withdrawal, running away).
➤ Child expresses fear and describes people and circumstances which are reasonably threatening.
➤ Child recounts previous experiences which form the basis for fear.
➤ Child’s fearful response escalates at the mention of home, specific people, or specific circumstances associated with reported incidents.
➤ Child describes personal threats which seem reasonable and believable.
SAFETY INTERVENTION EVALUATION OF LEARNING

Please answer the following questions in short answer format
each question is worth 5 points

1. Define “present danger and give 2 examples?”

2. What is a protective plan and what does seek to accomplish?

3. What are 5 qualities a protective plan must have in order to be sufficient?

4. Define impending danger and give 2 examples.
5. What are 5 attributes of parents or homes might pose a threat to child safety?

6. List and briefly explain 3 ways in which impending danger differs from present danger?

7. At what key points in the course of working on a case must one assess for present and impending danger threats?
8. List and define each of the Danger Threshold criteria?

9. What is the purpose of the Danger Threshold Criteria? What must happen when the danger threshold is crossed?

10. Define “an unsafe child”
11. Define 5 factors that will help in judging whether a child is vulnerable.

12. List and briefly define the 7 areas of information collection related to safety decision making.
13. What tasks must be accomplished to complete the safety assessment?

14. What are five questions that must be answered when identifying “How does the impending danger threats play out in the family”?

15. What are two questions that must be answered in order to answer “Can the family manage and control the impending danger threats without direct assistance from CPS”?
16. What are three conditions that must be in place in order for an in-home plan to be considered?

17. What is a safety plan and when is it required?

18. What specific information must a safety plan contain?
19. What are five qualifications a Safety Response/Service Provider must have?

20. Briefly define five qualities of a sufficient safety plan.
## PHASE 2 - EVALUATION REVIEW PANEL
### SCORING RUBRIC

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<th>Knowledge Area</th>
<th>3 Points High Achievement</th>
<th>2 Points Acceptable</th>
<th>1 Point Needs Improvement</th>
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<tr>
<td><strong>Family Description</strong></td>
<td>Clearly lists all household members, other significant persons who will be assessed in the 7 areas of assessment (including non-custodial parents if any) and their relationships. Lists household members’ ages and major mental or physical characteristics that are relevant to the reason for the referral. Lists all reasons for the referral to BMCW from Access individually.</td>
<td>Household members are listed. Key characteristics are listed but may be vague or not clearly explained. Reasons for referral are listed but may be lumped together, vague or not clearly explained.</td>
<td>Misses family members and/or key characteristics are substantially unclear or missing and/or reasons for referral are substantially unclear or missing.</td>
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<p>| <strong>Present Danger and Protective Plan</strong>     | Clearly identifies threats at Access and first contact. Explains how threats fit/do not fit the definition of present danger and align one of the 23 present danger threats. Explains how all present dangers identified at Access are/are not present at initial contact. Identifies the response time (immediate or not) that should be assigned at Access and why. If present danger found at initial contact, clearly explains protective action taken/should be taken. | Threats are defined and accounted for at both points of contact but explanation of fit/lack of fit with definition is vague, generic or not clearly explained. Response time is identified by explanation may be vague. Protective actions (if any) are identified but may be vague, unclear or insufficient. | Present danger threats are not defined or missed at one or both points of contact. Threats are not explained and/or the definition of present danger or a specific threat is not referenced. Threats identified at Access are not explained at initial contact. No response time is given and/or the response time is poorly justified or missing. Protective actions are not explained. | <strong>Score</strong>                                                                 |</p>
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<th>Knowledge Area</th>
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<td><strong>Assessment</strong></td>
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<td>Re-hashes IA without summarizing and/or leaves out one or more areas. Does not offer a judgment on one or more areas and/or judgment does not include accurate reference to either threshold criteria, protective capacities or analysis questions.</td>
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<td>Using the 7 areas of assessment, describe the family. Is the information gathered sufficient? What additional information must you know regarding the 7 areas of assessment?</td>
<td>Clearly summarizes all 7 areas, including information clearly related to assessing impending danger. Makes a well-reasoned judgment about the sufficiency/insufficiency of the information in each area of assessment (7 judgments in all), justifying each question suggested or gap identified by referring to a threshold criterion, protective capacity, or analysis question.</td>
<td>Summarizes all 7 areas. May include information not clearly tied to assessing impending danger. Offers a judgment about sufficiency/insufficiency of each area. Judgment may not be clearly tied to a threshold criterion, protective capacity or analysis question.</td>
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<td><strong>Impending Danger</strong></td>
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<td>What impending danger threats exist? How does each of the identified impending danger threats cross the danger threshold? What additional information must you know about impending danger?</td>
<td>Clearly identifies each impending danger threat from the Safety Assessment. Clearly, specifically and accurately explains how each threat crosses or does not cross each danger threshold criterion. Clearly identifies any specific questions or gaps in information critical to assessment of impending danger. Any gaps identified align with information discussed in one of the 7 areas.</td>
<td>Identifies each threat and how each threat crosses each threshold criterion. Explanations may be vague, generic or lacking specifics. May identify gaps or questions but link to assessment of impending danger may be vague.</td>
<td>Does not identify threats and/or misses one or more from the Safety Assessment. Does not explain how each threat crosses each threshold criterion or does so inaccurately. Does not identify clear gaps in information or does not link them to the assessment of impending danger.</td>
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| Knowledge Area | 3 Points  
High Achievement | 2 Points  
Acceptable | 1 Point  
Needs Improvement | Comments |
|----------------|-----------------|-----------------|-----------------|-----------|
| **Safety Analysis**  
Answer the four safety analysis questions. Identify what additional information you must know in order to sufficiently answer each question. | Answers all 4 safety analysis questions—including all sub questions—clearly explaining the basis for each answer. Reviews the Safety Plan in detail, clearly judging its sufficiency. If it is judged insufficient, clearly describes what must be known, controlled for or added to make it sufficient. | Answers all 4 safety analysis questions and all sub questions. Explanation and/or justifications may be vague or generic. Accurately judges the sufficiency of the safety plan but explanation and/or correction may be vague or generic. | Misses one or more questions or sub questions. Does not provide explanations for answers or explanations are substantially inaccurate. Does not judge the sufficiency of the safety plan and/or does not offer what must be changed to make the plan sufficient. |

| **Total Points**  
<10 Reached “Acceptable” level in all areas  
>10 Needs improvement in one or more areas to reach “acceptable” level | **Strengths:** |  |  |  |
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PHASE 2
TRAINER PREPARATION GUIDE

Trainer Instructions: This guide is intended to help you prepare participants for their Phase 2 Evaluation Panel. The best way to prepare participants is to have then organize their case and then go over it with you. As you listen, pay attention to whether the elements that need to be included in each answer are included and to how well they are articulated. Then, ask participants questions based on what was well done (and why), what might have been missing (and why that matters), and what could have been more clearly explained (and why it matters). Don’t forget the “whys.” They are critical to participants internalizing what they are learning.

Simply handing this guide to participants, in order to help them prepare on their own, without the opportunity for practice and feedback, will not give them the best opportunity to learn for the long haul.

Family Description
Who is the family and why was the family referred to CPS?
- List all household members, other significant persons who will be assessed in the 7 areas of assessment (including non-custodial parents if any) and their relationships
- List household members’ ages and major mental or physical characteristics that are relevant to the reason for the referral
- All reasons for the referral to BMCW from Access

Present Danger and Protective Plan
Is there present danger?
- Access
  - Specific situation
  - Specific present danger threats
    - How does each threat identified meet the definition of present danger? If no present danger, why not? What part of the definition is not met?
    - Which of the 23 present danger threats does the situation fit?
  - Which response time should be assigned: Immediate or not? Why?
- First contact
  - Specific situation
  - Specific present danger threats
    - How does each threat identified meet the definition of present danger? If no present danger, why not? What part of the definition is not met?
    - Which of the 23 present danger threats does the situation fit?
  - Specific protective action in response to the present danger threat, if any
  - If there are gaps in the information needed to assess present danger at first contact, what are those gaps and why are they important?
  - Address all present dangers identified at Access (rule them present or not at first contact with explanation)
  - If present danger is found at initial contact, what protective action was taken? Was it sufficient? Why/why not?
Assessment
Describe the family using the 7 areas of assessment.

- **Summary** of all 7 areas as they relate to understanding impending danger
  - Include only information significant to making a safety decision— not regurgitation of IA
- Make a judgment about the sufficiency/insufficiency of the information in each area of assessment (7 judgments in all)
  - Justify answer by referring to a **threshold criterion** (e.g., XYZ information is needed to assess child vulnerability), **protective capacity** (e.g., Adult functioning is sufficient because it shows the parents’ protective capacities in relation to the threat to be A, B and C), or **analysis question** (e.g., Parenting practices section is insufficient because it doesn’t allow us to understand parent’s capacity to be protective. We would need to know 1, 2 and 3).

Impending Danger
What Impending Danger Threats exist?

- For each impending danger threat that was identified in the Safety Assessment and/or that you added:
  - How does each cross or not cross each danger threshold criterion?
  - Make sure the explanation for each threshold criterion relates back to the observable condition
  - Application of each danger threshold criterion is specific and accurate
- What specific questions or gaps in information are there if any? These should be gaps in information reviewed in one of the 7 areas.

Safety Analysis
Answer the 4 safety analysis questions, including how you know the answer and/or why it was chosen

- **#1** answers all 5 sub questions accurately and as they relate to observable condition
  - How Long?
  - How frequent?
  - How predictable?
  - Is the threat active at specific times of day or around particular daily event?
  - Impact on adult functioning?
- **#2** answers the two sub questions and justifies the answers
  - Is there a non-maltreating parent with sufficient protective capacity?
  - Can the maltreating parent leave the home and remain absent?
- **#3** answers the 4 sub questions with justification
  - Willing?
  - Calm and Consistent?
  - Parents reside in home?
  - No evaluations needed?
- **#4**
  - Describes the written plan with detail.
  - Judges the sufficiency (sufficient/not sufficient) of the plan with justification
  - What must be known, controlled for or added to make it sufficient?

- What specific questions or gaps in information are there for each analysis question, if any?
# Phase 3 - Evaluation Review Panel
## Scoring Rubric

<table>
<thead>
<tr>
<th>Knowledge Area</th>
<th>3 Points High Achievement</th>
<th>2 Points Acceptable</th>
<th>1 Point Needs Improvement</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>How is the interview introduced?</td>
<td>Opening clearly expresses intent to join with client; provides a clear description of the ongoing worker’s job/role and is able to differentiate the role of Ongoing and IA.</td>
<td>Opening expresses intent to join with client; attempts to introduce self, role, and responsibilities but not clearly stated. Expresses intent to partner with caregiver but may not operationalize intent to partner.</td>
<td>Made little attempt to explore client’s experience in the CPS process. Pragmatic exchange of information.</td>
<td>Score</td>
</tr>
<tr>
<td>Exploring the client’s experience in the CPS process.</td>
<td>Debriefs with client on their experience with CPS. Clearly provided an opportunity for the client to express their thoughts and feelings about what has happened with CPS thus far. Uses opened ended questions, clarification, normalization, and reflective listening. Affirms and validates client’s feelings, showing empathy and genuineness.</td>
<td>Some attempt(s) made to explore client’s experience. May be general and somewhat empathetic. Attempts to use exploring skills to validate clients experience.</td>
<td>Made little attempt to explore client’s experience in the CPS process. Pragmatic exchange of information.</td>
<td>Score</td>
</tr>
<tr>
<td>Knowledge Area</td>
<td>3 Points High Achievement</td>
<td>2 Points Acceptable</td>
<td>1 Point Needs Improvement</td>
<td>Comments</td>
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<td>----------------------------------------------------</td>
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</tr>
<tr>
<td>Explaining the impending danger threats.</td>
<td>Clearly explains at least one impending danger threat. Explanation of IDT is understandable and descriptive, related to ongoing behaviors or family conditions. Gives the client the opportunity to express their position on the results of the impending danger threats.</td>
<td>Explains at least one impending danger threat. Explanation is understandable but uses professional terminology and coded language that may be confusing to the client. Explanation only alludes to family conditions or specific behaviors. Does not recognize client's attempts to protect or other strengths.</td>
<td>Impending danger threat is not stated or is so general or unclear as to not be understandable. Provoking or accusatory language is used in explanation. Explanation is incident or injury focused.</td>
<td></td>
</tr>
<tr>
<td>Exploring techniques used to seek client's perception regarding identified impending danger threats.</td>
<td>Solicits client's perceptions and understanding of impending danger threat, what is their understanding of why impending danger threats were identified; uses reflective listening; attends both physically and psychologically. Encourages the expression of feelings. Normalizes parental stress and resistance. Allows caregiver to vent. Seeks clarification but avoids confronting or arguing. Is objective.</td>
<td>Seeks client's perception through direct or closed questioning. Uses reflections to affirm understanding in words, but not in affect. Attempts to use attending skills and to sound objective while seeking clarity or further explanations.</td>
<td>Seeks client's explanation for impending danger threats. Questions about impending danger threats are interrogative and accusing. Seems distracted while client is sharing perception. Objectivity is not apparent.</td>
<td></td>
</tr>
<tr>
<td>Knowledge Area</td>
<td>3 Points High Achievement</td>
<td>2 Points Acceptable</td>
<td>1 Point Needs Improvement</td>
<td>Comments</td>
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</tr>
<tr>
<td>Has the safety plan been discussed?</td>
<td>Clearly reviews the safety plan and makes sure that the expectations are clear about the safety plan intervention/action strategies, providers’ expectations and effectiveness; clarifies and confirms client’s role and understanding of the plan’s purpose. Uses open-ended, indirect and solution-focused questions to assess client’s commitment to cooperate with the plan. Reaffirms client’s agreement to continue safety plan.</td>
<td>Inquires about the safety plan directly using professional codes or jargon. Some clarifying questions and concreteness used to facilitate client’s understanding of impending danger threats and how safety plan controls them. Over use of close-ended questions to assess client’s compliance and agreement to continue the safety plan.</td>
<td>Briefly asks about the safety plan; specifics are not explored. Few focusing skills are attempted to gain information regarding the effectiveness of the safety plan. Uses summarization to affirm client’s compliance with safety plan.</td>
<td></td>
</tr>
<tr>
<td>Focusing techniques used to explain the Protective Capacities Family Assessment process and solicit client’s commitment to participate and collaborate.</td>
<td>Explanation of PCFA given with clarity and competence. Includes the purpose and goals for the PCFA, the stages of the PCFA, and the expectations of the PCFA. The process described as a partnership between worker and client with client’s self-determination emphasized for successful outcomes. Partnering with client explained or demonstrated. Purpose and outcome of PCFA process articulated according to client’s level of understanding.</td>
<td>Explanation of the PCFA process is somewhat clear but uses professional terminology and language that may make it difficult for the client to understand. Is able to explain the need for the process, articulates the importance of client cooperation, partnership is addressed and self-determination is explained but the explanation provided uses excessive professional jargon and may cloud clarity.</td>
<td>Explanation of PCFA process vague or inaccurate. Client confused by use of jargon, answers to their questions or need for the process. Does not emphasize self-determination or cannot explain it. No explanation is given for how information will be used.</td>
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<tr>
<td>Total Points (Out of 18)</td>
<td>Strengths:</td>
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<tr>
<td>≤12</td>
<td>Reached “Acceptable” level in all areas</td>
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<td><strong>Areas for Improvement:</strong></td>
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<td></td>
<td><strong>Case Management Feedback:</strong></td>
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</tbody>
</table>

Total

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**Milwaukee Child Welfare Partnership**
Dedicated to professional development

**University of Wisconsin**
Helen Bader School of Social Welfare
PHASE 3
TRAINER PREPARATION GUIDE

Trainer Instructions: This guide is intended to help you prepare participants for their Phase 2 Evaluation Panel. The best way to prepare participants is to have them organize their case and then go over it with you. As you listen, pay attention to whether the elements that need to be included in each answer are included and to how well they are articulated. Then, provide feedback based on what was well done (and why), what might have been missing (and why that matters), and what could have been more clearly explained (and why it matters). Don’t forget the “whys.” They are critical to participants internalizing what they are learning.

*Simply handing this guide to participants, in order to help them prepare on their own, without the opportunity for practice and feedback, will not give them the best opportunity to learn for the long haul.*

How is the interview introduced?
- The introduction reinforces that the PCFA is “client-centered.”
- The worker utilizes clear engagement skills to build a trusting partnership with the parent, allowing the caregiver to express their thoughts about what has occurred with CPS up to this point and to begin thinking about how they will choose to deal with the ongoing CPS involvement.
- The introduction should begin with a description of your job in the agency.
- Be clear about how the Ongoing CPS role is different than IA.
- The role of the ongoing worker involves the workers role in “helping” families.
- Emphasize your desire to work in partnership with caregivers to address the reasons that their family is involved in CPS.

Exploring the client’s experience in the CPS process.
- Seek feedback from caregivers regarding their experience up to this point.
- Allow caregivers to vent; seek points of clarification but avoid confronting or arguing.
- Affirm the caregivers feelings, showing empathy and genuineness; Affirming helps to demonstrate empathy and sends the message that you recognize that caregivers have a perspective and that you understand what their perspective is. Affirming also sends the message that you acknowledge a caregiver’s right to feel a certain way.

Explaining the impending danger threats.
- Discuss and clarify the reason for CPS involvement.
- Discuss openly and honestly with the caregiver about the impending danger threats that were identified during the initial assessment.
- Be open and allow the caregiver the opportunity to express their position on the results of the safety assessment and analysis.
Exploring techniques used to seek client’s perception regarding identified impending danger threats.

- Seek the caregiver’s perspective specifically related to the impending danger and their role as a protective parent.
- What is their understanding of why impending danger threats were identified?

Has the safety plan been discussed?

- Review the safety plan and make sure that the expectations for the safety plan are clear.
- What is the caregivers opinion regarding the need for a safety plan.
- Do the caregivers continue to be committed to cooperating with the use of a confirming safe environments plan?

Focusing techniques used to explain the Protective Capacities Family Assessment (PCFA) process and solicit client’s commitment to participate and collaborate.

- Discuss the purpose and goals for the PCFA
  - What has been happening in your family that requires CPS involvement
  - What are the impending danger threats?
  - What has been going on with you in the caregiver role?
  - What must be different - what needs to change?
  - What must you do?
  - What are you willing to do?
  - What will you need to do what you want to do?

- Discuss the objectives for the PCFA
  - Building upon existing protective capacities to make change.
  - Identify the relationship between impending danger and diminished caregiver protective capacity.
  - What is the caregiver’s perspective regarding impending danger and diminished protective capacity.
  - What are the caregivers reading, willing and able to work on in the case plan?
  - What are the areas of disagreement regarding what needs to change?
  - What change strategies will be used to assist in enhancing diminished protective capacities?

- Describe the stages of the PCFA
- Discuss the roles and expectations for completing the PCFA
- Expectations should be framed in a way that reinforces the idea of a partnership.
  - Commitment to participate in interviews.
  - Openness to consider issues and concerns.
  - Expression of perspectives and feelings regarding what has been identified, what needs to change, and the possible solutions.
  - Help in identifying children’s needs and developing the case plan goals.
  - Right to self-determination.
- Conclude by seeking a commitment from caregivers to participate in the PCFA process.
# Phase 4 - Evaluation for Ongoing Case Management/Intensive In-Home Services

## Scoring Rubric

<table>
<thead>
<tr>
<th>Knowledge Area</th>
<th>3 Points High Achievement</th>
<th>2 Points Acceptable</th>
<th>1 Point Needs Improvement</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Description</td>
<td>Clearly identifies who the family is including ages and special considerations. Clearly describes the danger threats, describing how they are verified danger threats to children. Danger threshold criteria are accurately applied, explanations are clear.</td>
<td>Identifies who the family is. Description of reasons for involvement is not clearly tied to danger threats. Danger threshold criteria applied inaccurately in places and/or explanations are vague.</td>
<td>Does not identify all family members. The reason for involvement is missing or unclear. Danger threshold criteria are not applied or application is substantially incomplete or inaccurate.</td>
<td></td>
</tr>
<tr>
<td>Parental Protective Capabilities</td>
<td>Identifies existing parental protective capacities. Clearly identifies diminished parental protective capacities and clearly identifies how they are related to the danger threats.</td>
<td>Identifies existing and diminished parental protective capacities; description may be vague. Attempts to link to danger threats in ways that are unclear.</td>
<td>Does not identify existing or diminished parental capacities or does so in ways that are substantially unclear or incomplete. Links to danger threats not made or made in ways that are substantially unclear or incomplete.</td>
<td></td>
</tr>
</tbody>
</table>

Panelist Names: ____________________________

Date: ____________________________

Score: ____________________________

Score: ____________________________
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety Plan</strong></td>
<td>Clearly identifies the plan and describes how it controls the threats identified. If describing and OHC plan, includes clear description of how caregiver is meeting the child’s needs. Makes a compelling case for the level of intrusion, including how safety responses control danger threats, and what it would take to move to a confirming safe environments plan if the current plan is OHC.</td>
<td>Describes the safety plan, generally describes how it controls the danger threats and generally indicates how the level of intrusion may be appropriate. Descriptions may be unclear, generic or incomplete in some places.</td>
<td>Does not describe the safety plan, how it controls threats or how it is at the appropriate level of intrusion or does so in substantially unclear or incomplete ways.</td>
<td></td>
</tr>
<tr>
<td><strong>Stage of Change</strong></td>
<td>Clearly identifies the diminished capacity/what must change and stage of change for each caregiver (pre-contemplation, contemplation preparation action, maintenance). Clearly describes the work of the case manager at each stage (making relationship/giving information; help give reasons for change; provide info about options/help facilitate goal-setting; teach skills/work on coping skills/access resources; assist in maintaining change).</td>
<td>Identifies diminished capacity and/or stage of change but does so in ways that may be unclear in places, generic, non-specific or lumps multiple issues together. Worker tasks are identified but may be generic, non-specific or unclear in places.</td>
<td>Does not identify a diminished capacity or describe a stage of change for one or all caregivers or does so in substantially unclear or inaccurate ways. Worker tasks are not identified or are described in ways that are substantially unclear or inaccurate.</td>
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</table>

Score

Score
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Integrated Case Plan</td>
<td>Clearly identifies relevant aspects of the case plan—behavioral goals, permanency plan—and clearly links the plan to the appropriate stage of change.</td>
<td>Identifies aspects of the case plan but may be unclear or incomplete in places. Attempts to link with stage of change but may do so in a way that is unclear.</td>
<td>Does not describe the case plan or link it to the stage of change or does so in ways that are substantially unclear or incomplete.</td>
<td></td>
</tr>
<tr>
<td>Presentation Skills</td>
<td>Presents information in a clear, logical, complete and articulate manner. Includes the level of detail required to support conclusions without adding extraneous detail or leaving out significant facts. Paces information appropriately (i.e., neither too slow or too fast for comprehension). Answers questions completely and clearly.</td>
<td>Generally presents information clearly. May be vague or incomplete in places. Level of detail, pacing or may be off in places. Generally answers questions but may be vague in places.</td>
<td>Presents information in substantially unclear, illogical, incomplete or inarticulate manner. Frequently includes either too much or too little detail to support conclusions. Pacing may be substantially inappropriate. Does not answer questions or does so in substantially incomplete or unclear ways.</td>
<td></td>
</tr>
<tr>
<td>Total Points (Out of 18) ≤12</td>
<td>Reached “Acceptable” level in all areas</td>
<td></td>
<td></td>
<td>Comments</td>
</tr>
<tr>
<td>&gt;12</td>
<td>Needs improvement in one or more areas to reach “acceptable” level</td>
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</tbody>
</table>

**Score**

**Score**

**Total**
## PHASE 4 – READINESS REVIEW PANEL FOR INITIAL ASSESSMENT
### SCORING RUBRIC

**Academy Participant Name:**

**Permanent Sup / Training Team Sup:**

**Panelist Names:**

**Date:**

<table>
<thead>
<tr>
<th>Knowledge Area</th>
<th>3 Points High Achievement</th>
<th>2 Points Acceptable</th>
<th>1 Point Needs Improvement</th>
<th>Comments</th>
</tr>
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<tr>
<td><strong>Family Description</strong></td>
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<tr>
<td>Who is the family and</td>
<td>Clearly identifies who</td>
<td>Identifies who the</td>
<td>Does not identify all</td>
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<tr>
<td>why were they referred</td>
<td>the family is including</td>
<td>the family is.</td>
<td>family members. The basis</td>
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<td>for CPS?</td>
<td>ages and special</td>
<td>Description of the</td>
<td>for opening in CPS is</td>
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<td></td>
<td>consideration.</td>
<td>basis for opening in</td>
<td>not defined, missing, or</td>
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<tr>
<td></td>
<td>Describes basis for</td>
<td>CPS in clear, vivid,</td>
<td>substantially unclear.</td>
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<td></td>
<td>opening in CPS in clear,</td>
<td>and justifiable</td>
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<td></td>
<td>vivid, and justifiable</td>
<td>terms. Is careful</td>
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<td>terms. Is careful not</td>
<td>not to lump multiple</td>
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<td>to lump multiple concerns</td>
<td>concerns together,</td>
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<td>but rather describes</td>
<td>but not described</td>
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<td>each individually.</td>
<td>individually.</td>
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<tr>
<td><strong>Present Danger</strong></td>
<td>Basis for determining the</td>
<td>General description of</td>
<td>Basis for determining</td>
<td></td>
</tr>
<tr>
<td>At the initial face-to-</td>
<td>existence of present</td>
<td>basis for making the</td>
<td>present danger is missing</td>
<td></td>
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<tr>
<td>face contact, how did</td>
<td>danger is clear, logical</td>
<td>present danger</td>
<td>or substantially unclear</td>
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<tr>
<td>you determine if</td>
<td>and well-supported by</td>
<td>decision. Description</td>
<td>or incomplete. Present</td>
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<td>present danger did or</td>
<td>reference to the standards</td>
<td>may be vague or</td>
<td>danger threats are</td>
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<tr>
<td>did not exist? If you</td>
<td>(i.e., one or more of</td>
<td>incomplete in places.</td>
<td>referenced but are</td>
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<tr>
<td>identified present</td>
<td>the 27 present danger</td>
<td>Some reference to</td>
<td>referenced in substantially</td>
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<tr>
<td>danger, what was it and</td>
<td>threats). Explanation of</td>
<td>standards; may not</td>
<td>unclear or inaccurate</td>
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<tr>
<td>what protective action</td>
<td>protective action (if</td>
<td>be complete or</td>
<td>ways. Explanation of</td>
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<tr>
<td>did you take?</td>
<td>relevant) includes</td>
<td>completely accurate.</td>
<td>protective action is</td>
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<td>specific description of</td>
<td>Explanation of</td>
<td>missing, substantially</td>
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<td>action taken and how it</td>
<td>protective action (if</td>
<td>unclear or not related to</td>
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<td>controls for the present</td>
<td>relevant) is generally</td>
<td>the present danger</td>
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<td>danger threat(s) identified.</td>
<td>clear but may not</td>
<td>threats identified.</td>
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<td>include or be</td>
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<td>vague about how,</td>
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<td>specifically, the</td>
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<td>plan addresses the</td>
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<tr>
<td></td>
<td></td>
<td>present danger threat.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Score**

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**Milwaukee Child Welfare Partnership**  
Dedicated to professional development

**University of Wisconsin**  
Helen Bader School of Social Welfare
| Knowledge Area | 3 Points  
High Achievement | 2 Points  
Acceptable | 1 Point  
Needs Improvement | Comments |
|----------------|------------------|--------------|---------------------|----------|
| Impending Danger  
What are the impending danger threats? How do they cross EACH threshold criterion? If there is NOT a danger threat, what negative family conditions appear to coincide with an impending danger threat and how do they NOT cross EACH threshold criterion? | Clearly identifies the appropriate impending danger threats from the list of 11. Clearly explains how each impending danger threat crosses each threshold criterion. If no impending threat is identified, clearly describes the family condition and explains how it fails to cross each threshold criterion. | Somewhat identifies the impending danger threats from the list of 11. Only partially explains how the threshold criteria are met. Some (but not all) criteria may be explained. If no impending danger threat is identified, partially or vaguely describes the family condition. Applies some (but not all) threshold criteria or applies them partially or vaguely. | Impending danger threats are not identified or identified in ways that are substantially unclear and/or inaccurate. Explanation of how the threshold criteria are met is missing or substantially lacking significant information. If no impending danger threat is identified, the family condition is not described or is described in ways that are substantially unclear. Threshold criteria not applied or applied inaccurately. | |
| Safety Plan  
If you identified impending danger threats, how does the safety plan control for them? If you did NOT identify impending danger threats, what action should be taken regarding the family condition identified? | Clearly describes a safety plan that includes a means of controlling for each threat identified. Plan suggests awareness of how, when, where, etc, the threat exists and neither “over controls” nor “under controls” for it. If no impending threat, makes appropriate suggestions (e.g., community service referrals). | Describes a safety plan that may be vague or general in places. Plan suggests some awareness of how the threat plays out. May over or under control in places. If no impending threat exists, makes vague response to family conditions. | Safety plan not described or describe in substantially unclear ways. Plan suggests very little or no awareness of how threat plays out and may over or under control. If no impending threat exists, may have no response or one that does not indicate awareness of alternatives. |
<table>
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<tr>
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<tr>
<td>Protective Capacities</td>
<td>Clearly identifies protective capacities and those that are diminished. Provides clear and compelling reasons for assessment of both.</td>
<td>Identifies protective and diminished capacities but may be vague or unclear in places. Reasons for both assessments may be incomplete or unclear in places.</td>
<td>Does not identify protective capacities or does so in substantially unclear/ inaccurate ways. Does not identify diminished capacities or does so in substantially unclear/ inaccurate ways. Reasons for one or both assessments are missing or substantially incomplete/ inaccurate/unclear.</td>
<td></td>
</tr>
<tr>
<td>Presentation Skills</td>
<td>Presents information in a clear, logical, complete and articulate manner. Includes the level of detail required to support conclusions without adding extraneous detail or leaving out significant facts. Paces information appropriately (i.e., neither too slow or too fast for comprehension). Answers questions completely and clearly.</td>
<td>Generally presents information clearly. May be vague or incomplete in places. Level of detail, pacing or may be off in places. Generally answers questions but may be incomplete or vague in places.</td>
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<td>Needs improvement in one or more areas to reach “acceptable” level</td>
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</tbody>
</table>

Score

Score

Total
PHASE 4
EVALUATION FOR ONGOING CASE MANAGEMENT/INTENSIVE IN-HOME SERVICES
TRAINER PREPARATION GUIDE

Trainer Instructions: This guide is intended to help you prepare participants for their Phase 4 Evaluation Panel. The best way to prepare participants is to have them organize their case and then go over it with you. As you listen, pay attention to whether the elements that need to be included in each answer are included and to how well they are articulated. Then, ask participants questions based on what was well done (and why), what might have been missing (and why that matters), and what could have been more clearly explained (and why it matters). Don’t forget the “whys.” They are critical to participants internalizing what they are learning.

*Simply handing this guide to participants, in order to help them prepare on their own, without the opportunity for practice and feedback, will not give them the best opportunity to learn for the long haul.*

**Family Description**
Who is the family and what are the danger threats that have BMCW involved? (Note: Apply danger threshold criteria to each impending danger threat being considered and explain why it does or does not cross the danger threshold.)

- List all the relevant family members,
- Include name, age relationship, special needs, diagnosis and any other information relevant to the story.
- What was the concern for safety that was brought to the attention of BMCW?
  - Describe behaviors, conditions, attitudes that put children in danger, number of incidents, BMCW referrals, and other relevant information that will help in describing why they were referred to BMCW.
- Which danger threat(s) crossed the danger threshold criteria?
  - Apply threshold criteria to each identified impending danger threat.

**Parental Protective Capacities**
What are the existing protective capacities that have been identified and what are diminished protective capacities?

- Identify the existing protective capacity of caregiver (these should relate to the capacities needed to achieve identified goals.)
- Identify the diminished protective capacities and explain how they relate to the identified impending danger threats.
Safety Plan
What is the safety plan? How does it control for danger threats identified in this family at the lowest level of intrusion possible?

- Must state if it is an in-home or confirming safe environments plan and why their chosen method is necessary (how safety analysis questions 2 & 3 were answered.
- If confirming safe environments, plan should include:
  - How caregiver meets the needs of children and keeps them safe?
  - Shares the family interaction plan and why at this level of intrusion.
  - As it relates to Safety Analysis question #3, what must happen to move to an in-home safety plan?
  - Explain the risk management plan in the placement, if after assessing it is found that a risk management plan is required.
- If in-home, should explain how safety will control danger threats including:
  - What safety responses are used to control the danger threat?
  - Who are the providers, when and how often do they provide safety responses?
  - What are the safety responders expected to do to control danger threats?
  - How will you communicate with providers and the family to actively manage the safety plan?
**Stage of Change**
Focusing on ONE diminished protective capacity for each caregiver, what stage of change is the caregiver in? What do you as a case manager need to do to support each caregiver’s change from where they currently are?

- Each caregiver is presented.
- Identify one diminished protective capacity or behavior associated with a diminished protective capacity or
- Identify one family condition as it is related to a diminished protective capacity.
- Describes observed behavior associated with the identified stage of change, i.e. pre-contemplation, contemplation, planning (or determination), action, maintenance, to justify assessment.
- Identifies case management strategy that will be used to promote progress in change effort, what are the case managers’ responsibilities? What will they do?

**Integrated Case Plan**
How does (or should) the integrated case plan reflect the stage of change each caregiver is currently in?

- In light of the behavior and stage of change identified in question #4, discusses how the focus of the current case plan now meets caregivers identified needs.
- Are worker’s expectations of caregiver’s effort aligned with stage of change?
- What the work will do or is doing to support caregiver change effort or self-determination.

**Presentation Skills**

- Sufficient information was shared so as to understand how decisions were made.
- Decision-making represented a logical critical thinking processes
- Presentation is articulate and paced so that answers are clearly understood.