

## DIFFERENTIAL RESPONSE AND SERVICE DELIVERY OVERVIEW

The at-a-glance map and narratives that are presented in this document are meant to provide a descriptive representation of the material in the Stakeholders' Third Year Report and supporting documents. Because of the differences that exist from one county to another these documents are not meant to prescribe local practice but rather to provide guidelines for local implementation that allow for flexibility in the context of overall conformance to the spirit of the Stakeholders' Report.

It is important to recognize that the three Response Paths represent the initial decision of CWS based on the report received from the referent and the additional information gathered from other sources prior to any face-to-face contact with the child or the family. Once the decision results in a referral, a Path of Service Delivery will follow. A determination that the referral warrants a Community Response, a CWS and Partners Response, or a CWS-High Priority Response results in a designation as to who is responsible for the first face-to-face contact and the initiation of the comprehensive assessment process. It does not dictate the type or description of intervention or service provision that may best address the family. The initial contact will be followed by a continuum of care that must be flexible and responsive to the needs of the individual family and not necessarily structured according to the original appraisal of the response required.

### Examples:

1. CWS receives a report of a young child who has suffered a serious inflicted injury requiring a CWS – High Priority Response.. At the time of the first face-to-face it is apparent that the injury was accidental and is not serious. However, as the comprehensive assessment process is initiated, it is also clear that the family presents issues that might create some risk to the child, and the family is willing to participate in services. At this point, CWS should have a protocol that will permit the referral to be transferred to community partners for further assessment, the development of the plan, service delivery and resolution.

2. CWS receives a report indicating that although there are areas of concern for the child and some risk may be revealed, there are no safety factors and the appropriate path is the Community Response. Upon engagement with the family, the community partners recognize that there are substantial safety factors and the risk to the child is imminent and serious.

Inherent in all three Paths of Response and Service Delivery is a significant change in the responsibilities and involvement of other public agencies and of non-profit and volunteer agencies within each community. An example of an existing and potential expanded linkage is CalWORKS, through which specialists such as eligibility and employment workers may serve important roles in meeting the unique needs of families identified in the new intake process and the continuum of services to be offered.

*Differential Response and Service Delivery* is a strategy that creates a new intake and service delivery structure that allows a child welfare agency to respond in a more flexible manner (with three Response and Service Delivery paths rather than one) to referrals of child abuse or neglect based on the perceived safety and risk presented, as well as to the needs, resources and circumstances of the family.

Differential Response is a fundamental component of Redesign. It is not only a concrete change from current practices, but it also embodies many of the other components of Redesign. The new structure, Differential Response and Service Delivery:

- Depends on the existence of community partnerships;
- Gives form to one of the key assumptions from the first year of the Stakeholders process – that is, we must respond to families identified to CWS in a non-adversary manner, engaging them in the necessary change processes;
- Addresses the commitment to early intervention, assuming most situations referred to CWS represent legitimate concerns of the community about its children;

- Also depends on the presence of a network of community based public and private services that will be tapped to address the needs of vulnerable children and families, including creating networks where they do not exist, such as in rural areas;
- Will require maximizing collaboration, use of existing funds more flexibly and, ultimately, to achieve its full promise, additional funding.
- Is sensitive to cultural aspects and respects family and community values
- At the social work practice and community services level, requires:
  - Ability to determine appropriate Response and Service Delivery path, customizing the Response and Service Delivery to what each separate referral entails and what different families bring to the situation within the three Response and Service Delivery paths;
  - Comprehensive assessments of safety, risk and protective capacity;, as well as family strengths and needs.
  - That the planning process is focused on the changes needed to assure the ongoing protection of children;

### **New Structure—Differential Response and Service Delivery**

The Differential Response component is fundamental to the Redesign. It provides for a flexible, customized approach within identified Response and Service Delivery paths to reports of child abuse or neglect based on an assessment of safety, risk, and protective capacity, and the ascertainment of facts to determine the strengths and needs of the child and his or her family. Redesign calls for three Response and Service Delivery paths:

Differential Response and Service Delivery involves more than the choice of a Response path. It also focuses on *engaging* families both to recognize behaviors that put or keep their children at risk and to change those behaviors through the assistance of supports and services. The focus of the Response and Service Delivery will not be primarily on the *investigation of allegations*, but more on the *assessment of safety, risk, and protective capacity*. The assessment will lead to the identification of both needs and strengths. CWS and/or its partners will use this

information to engage the family in developing a plan for change-oriented services. The expectation is that a larger proportion of referrals will actually be opened for services and more services will be delivered to the child and family without involving out-of-home placement. When placement is necessary, decisions regarding reunification or alternative permanency arrangements will be made more quickly and parents and extended family members will participate actively in those decisions. The choice of Response and Service Delivery paths in each county will depend on local considerations such as community capacity and county policies and procedures. However, regardless of the agency or partnership conducting the face-to-face assessment, the critical question will be, *“What will it take to keep this child safe?”*

***Community Response and Service Delivery:*** This path assumes there will be no further involvement of CWS in the case unless the circumstances prove to be different than what was known at intake, or there is a change in circumstance. This path is selected when a family is referred to CWS for child maltreatment but as a result of the Hotline/Precontact activities there are no identified safety factors and there is a low to moderate risk of harm to the child. However, it is clear the family is experiencing problems or stressors which could be addressed by community services. Prior to Redesign such referrals were often “evaluated out” and did not receive Child Welfare Services. In the current system, these referrals may or may not receive a referral to a community agency and no measures are taken to assure that referral connections have been made. Someone in the community is concerned enough to bring it to the attention of the child welfare agency, and the referral merits a response and assessment.

***CWS and Partners Response:*** This path is for families with primarily moderate risk of abuse and neglect; safety factors may not be immediately manifested in all cases, but risk is present. Interagency and Community partnerships are extremely valuable and important in this type of Response and Service Delivery. CWS staff working in teams with the staff of other county agencies and community based organizations are able to provide a multi-disciplinary approach to helping families identify the risks that are present and are able to work together with families to achieve effective

improvements in child and family well-being.

The focus is primarily on voluntary involvement in services through the engagement of families.

***CWS-High Priority Response:*** This path always involves the likelihood that the children are unsafe, risk is moderate to high for continued child abuse/neglect and actions have to be taken with or without the family's agreement to protect the child. Criminal charges may also be filed against the adults causing the harm. Efforts will still be made to engage the family, especially non-offending parents or other protective adults, in order to preserve the connections between the child and other family members. As in the other Response and Service Delivery paths, genuine family engagement, including comprehensive assessments, thorough plans, and focused service delivery will enable all family members to have the best opportunity to successfully meet meaningful goals related to safety, risk, and protective capacity.

### **Phases of Activity**

All three Response and Paths provide ways for families to move through the system in five distinct phases, with different activities provided by different agencies depending on which path is chosen.

The five phases of activity are as follows:

#### ***Hotline/Precontact***

Specific activities are performed by the CWS Agency and described in a separate document, entitled "Standardized Approach to the Assessment of Safety, Risk, and Protective Capacity: Hotline/Pre-Contact Assessment." These activities include:

- *Receiving referral*
- *Gathering additional information*
- *Initial screening for safety concerns*
- *Making Path decisions, including:*

- *Response and Service Delivery path*
- *Response time*
- *Response and Service Delivery team*

### ***Initial Contact with Family***

This phase involves the initial face-to-face activities between service providers and the family. The specific activities include the following:

- *Bringing a team together if possible*
- *Making Contact with the family*
- *Conducting a fact finding interview*
- *Assessing safety, risk, and protective capacity*
- *Confirming or re-evaluating the Path decision that was made in Phase 1*
- *Initial determination of family needs*
- *Creating a safety plan if needed*
- *Determining who should be on the team for the comprehensive assessment*

### ***Comprehensive Family Assessment and Planning***

This phase encompasses the specific activities that are essential to engaging families in the services that are necessary to assist them in improving the circumstances that might pose a safety risk to children. There are two components to this phase: Assessment and Planning.

**Assessments are thorough and comprehensive** and they address the following:

- *Safety*
- *Risk*
- *Protective capacity*
- *Family strengths*
- *Family needs*
- *Level and type of service delivery, including court petition if necessary*
- *Discussion of permanency needs*

**Assessments** embody the following principles:

- *Family engagement*
- *Thorough fact finding*

**Planning** entails the following activities:

- *Setting goals*
- *Involving partners*
- *Extensive youth and family participation*
- *Plans for safety and change*
- *Designation of case management roles and responsibilities*
- *Delineation of specific services needed and identification of service providers*

*Plans are customized for each family*

## ***Service Delivery***

During this phase the agencies working with the family ensure that the family receives the services necessary to create the changes that are necessary to diminish risk, enhance safety, and improve protective capacity. Needs are identified in the comprehensive family assessment and services are identified in the plan to address those needs. Service delivery entails carrying out the activities specified in the plan and doing periodic reassessments with the family to make sure that changes are occurring as agreed upon by the family and the agencies

The specific activities in this phase:

- *Focus on family strengths and supports*
- *Focus on change to enhance protective capacity*
- *Focus on*
  - *Family restoration or*
  - *Alternative permanency planning*
- *Involve alternative dispute resolution and judicial decision making when indicated*

## ***Resolution***

The final phase in working with families is oriented towards the completion of service plans and the interaction between agencies and the family. The specific activities are:

- *Ensuring that linkages are established within the community for continuing support and services*
- *The accomplishment of permanency and well-being outcomes*
  - *Enhanced family capacity*

- *Family restoration*
- *Adoption*
- *Guardianship*
- *Kinship care*
- *Implementing a “guaranteed package for foster youth”, (as spelled out in Third Year Report) including*
  - *Establishing lifelong connections for youth*
  - *Successful youth transition*
- *Case closure*

CWS REDESIGN  
DIFFERENTIAL RESPONSE AND SERVICE DELIVERY  
PATH 1—COMMUNITY RESPONSE

**Introduction**

The first path – **Community Response**– assumes there will be no further involvement of CWS with the family unless the circumstances prove to be different than what was known at intake, or there is a change in circumstance. This path is selected when a family is referred to CWS for child maltreatment but as a result of the Hotline/Precontact activities there are no identified safety factors and there is a low to moderate risk of harm to the child. Prior to Redesign such referrals

were often “evaluated out” and did not receive Child Welfare Services. However, it is clear that the family is experiencing problems or stressors, which could be addressed by community services. In the current system, these referrals may or may not receive a referral to a community agency and no measures are taken to assure that referral connections have been made. Someone in the community is concerned enough to bring it to the attention of the child welfare agency, and the referral merits a response and assessment.

The Community Response and Service Delivery path will require contact with the family who is being referred to obtain permission to refer family members to a community support agency, engaging them in a process of voluntary participation.

#### EXAMPLES:

- A teacher calls about a child whose behavior is difficult to manage both at home and at school; the school has complained to the parents on numerous occasions; the parents feel overwhelmed, don't know what to do, and are asking for help.
- A hospital social worker calls about a 16-year-old who has given birth to a child. She lives with her single mother who works 10-hour days and is therefore unavailable to assist with caring for the infant or instructing her daughter on infant care. There are no allegations of abuse or neglect but concerns exist about the 16-year-old's maturity and ability to care for a newborn by herself.

The second and third paths suggest safety and risk concerns that require the involvement of CWS either on its own or in combination with public agency and/or community partners and the courts if necessary. CWS is not involved in any activities after the initial Hotline/Precontact phase. It is therefore critical that there be on-going attention to child safety, which might require consultation with, or an immediate referral to, the CWS agency. Because fairness and equity are overriding principles of CWS Redesign, the community partners must be knowledgeable of, and sensitive to, the cultures represented in the communities they serve. Community partner agencies should be fully trained as mandated reporters of

child abuse.

## **Phases of Activity**

### **1. Hotline/Precontact**

Specific activities are performed by the CWS Agency and described in a separate document, entitled “Standardized Approach to the Assessment of Safety, Risk, and Protective Capacity: Hotline/Pre-Contact Assessment. These activities include:

- Receiving referral
- Gathering additional information
- Conducting an initial screening for safety concerns based on that information
- Making Path decisions:
  - Path of Response and Service Delivery
  - Response time
  - Response and Service Delivery team
- Ensuring consent from family prior to referring the family to a community partner

The CWS agency is required to complete all of the above activities in order to ensure that there are no safety concerns that might require further CWS involvement and to ensure that the family has the opportunity to receive services from a community partner in a timely and legally approved manner.

The family must be referred to the Community Partner agency no more than 5 days after the date of the original referral to the CWS Agency in order to accomplish the first face-to-face visit within 10 days of the original date of referral.

## **2. Initial Contact with Family**

In the Community Response and Service Delivery path the first face-to-face visit coincides with the beginning of the Comprehensive Family Assessment and Plan phase, specifically focused on assessment activities.

Prior to making the first visit and initiating the assessment process the Community Partner agency will perform the following tasks:

### **Task 1: Confirm that family has consented to the contact**

When CWS Agency makes a referral to a community partner The County must use the confidentiality protocols developed by their County.

### **Task 2: Determine Who Will Make First Visit**

Teams are an important element of the Redesign. Partner agencies should determine whether a team approach will be effective in making the first contact with the family; if so, they will need to determine who the members of the team will be and engage those team members to meet with the family.

### **Task 3: Prepare for the Face-to-Face Meeting**

- ❑ Review and organize Information that has been gathered, including cultural aspects
- ❑ Determine key questions and issues to explore in the face-to-face meeting

- ❑ Collect (or supplement) information that has been received from other service providers
- ❑ Decide who should participate on the Response and Service Delivery Team & confirm availability; attempt to enlist team members whose culture is compatible with that of the family
- ❑ Decide time, location, and method of face-to-face assessment meeting

**The Community Partner agency will arrange to visit the family as soon as possible and per agreements developed with the CWS Agency.**

### **3. Comprehensive Family Assessment and Plan**

This phase encompasses the specific activities that are essential for engaging families in the services that are necessary to assist them in improving the circumstances that might pose a safety risk to children. There are two components to this phase: Assessment and Plan.

**Assessments are thorough and comprehensive** and they address the following:

- Awareness of
  - Safety
  - Risk
  - Protective Capacity
- Family strengths
- Family needs
- Cultural and personal aspects of the child and the family
- Level and type of service delivery
- Permanency needs

**Assessments** embody the following principles:

- Family engagement
- Thorough fact finding

### **(Assessment) Task 1: Assembling the team:**

Based on information in the original referral to the CWS agency and gathered during the Hotline/Precontact phase some specific needs of the family can be identified. To the extent possible, with the family's permission, it is important to bring specialists from other disciplines who can help with the family's assessment, such as mental health counselors, drug and alcohol assessment specialists, and public health nurses. Cultural sensitivity is a requirement for team members, and they should be assembled with attention to the uniqueness of each family to be served.

### **(Assessment) Task 2: Involving family members and supports**

The assessment process should include as many members of the family and the family's support network as feasible.

### **(Assessment) Task 3: Family Engagement**

It is critical to ensure that the family understands the reasons why an assessment is being made and that they are part of the assessment process—that it is done with them, not to them. This is best accomplished by doing the following:

- Introduce self, members of the Face-to-Face Assessment Team (if any) and Family Members

- ❑ Clarify reason for visit and how it will be conducted
- ❑ Advise parents of rights and responsibilities, including confidentiality
- ❑ Review information received from the CWS Agency
- ❑ Discuss information that the family has provided regarding their own sense of what they need in order to provide a safe, nurturing home for the child

#### **(Assessment Task) 4: Assessing family strengths and protective capacity**

The comprehensive assessment should begin with understanding the family's strengths as the basis for understanding how they will be able to address their specific needs. Although no safety issues are present for Path 1 families, protective capacity is a strength to build on and support so that safety does not become an issue.

#### **(Assessment Task) 5: Determine level and type of services**

The members of the team should be able, with the family, to identify the types of services and the intensity of such services that will be needed by the family. Specific services will be delineated in the plan based on the broad parameters identified in the comprehensive family assessment.

#### **(Assessment) Task 6: Referral back to CWS Agency if Safety issues are identified**

What is learned during the comprehensive family assessment may result in making a decision regarding whether this family continues to remain in Path 1. Any safety concerns will require that the family be immediately referred back to the CWS Agency in order to be served in Path 2 or Path 3.

#### **(Assessment) Task 7: Feedback to CWS Agency if no services offered**

In some situations, the Community Partner agency will not offer services to the family, primarily in the following circumstances:

- The family declines services and there are no safety issues (safety issues will be referred back to the CWS Agency, as discussed in Task 6, above)
- No issues are identified that require or recommend the further delivery of services
- The family is already engaged in appropriate services that address the concerns that brought them to the attention of the CWS agency

The Community Partner agency will communicate with the CWS agency per agreements made with the agency.

**Plans** entail the following activities:

- Setting goals
- Involving partners
- Extensive youth and family participation
- Change orientation (What does this mean?)
- Identification of case management roles and responsibilities
- Identification of specific services needed and identification of providers
- Customized for each family

**(Plan) Task 1: Involve partners in formulating plan**

As in the Assessment process, it is important to ensure that the plan is formulated with the participation of specialists in areas of family need, such as drug and alcohol treatment, mental health treatment, developmental services, and health services. Those specialists can help identify the most appropriate levels and types of treatment to address the family's needs

**(Plan) Task 2: Involve youth and other family members, including extended family and family supports, in formulating plan**

The members of the family and their extended support network are best able to help the family understand the need for the specific services that are recommended in the plan and the importance of the family's participation in receiving those services.

**(Plan) Task 3: Set specific goals**

The Redesign is focused on providing change oriented services. Clearly stated goals in the plan will help clarify why it is important to engage in services and what behavioral changes are expected as a result of participation in those services.

**(Plan) Task 4: Provide timelines for the accomplishment of objectives and attainment of outcomes**

- The plan should be time-limited, and specific time lines should be agreed upon among the participants in writing the plan.
- Dates for reassessment and revisiting the plan should be set at reasonable intervals.

**(Plan) Task 5: Case Management roles, responsibilities and expectations are articulated**

Partner agencies are encouraged to retain case management responsibilities throughout the time that they are involved with the family. Such responsibilities should be written in the plan and include:

- Regular visitation with the family
- Ensuring that the family engages with direct service providers
- Periodic reassessment
- Ensuring that timelines are adhered to
- Ensuring that objectives and outcomes are achieved
- Determining with the family the appropriate time for the termination of services

**(Plan) Task 6: Direct services are clearly articulated and appropriately address family needs**

The involvement of specialty service providers in the family assessment and development of the plan helps ensure that the specific services written in the plan will address change-oriented needs of the family

**(Plan) Task 7: All parties agree to the plan:**

- Partner agency
- Direct service providers
- Family
- Family members
- Family supports

**Feedback to CWS Agency On Family Engagement (Included on Agenda)**

#### 4. Community Based Partner Agency Service Delivery (Included on Agenda)

Absent a change of circumstances in the family and a report from the community agency to CWS describing concerns about actual or potential child maltreatment, this path does not involve CWS. Therefore, the community agencies that assume responsibility for service delivery must be prepared to coordinate and arrange for participation by identified family members. The community agencies must address the following issues:

1. The need for services that will strengthen and support the family
2. The need to focus on areas that require change in order to ensure child safety
3. The use of alternative dispute resolution techniques to resolve conflicts that may present problems within the family and potential risk to the child's safety
4. The need to identify and include other family members or non-relative extended family in the planning and implementation of plans
5. The need to provide on-going services and assistance to any child approaching or anticipating the time of transition to adulthood.

Periodic reassessments of the family should occur throughout the time that services are being delivered, and any safety concerns that arise should result in a consultation with or referral to the CWS agency

##### **Task 1-Initiate Plan**

What priorities are identified in the plan?

- Are there steps that must be taken immediately?

- Are there services already in place?

What family strengths can be utilized to address immediate issues?

- What information has been provided?
- Are additional interviews needed?
- Are all critical family members willing to participate?

Should there be adjustments to the plan?

- Should other family members or non-relative extended family members be included?
- Are there services indicated in the plan that are no longer necessary?
- Are there additional or different services that would better meet the family needs, or would be more accessible or convenient?

Set up appropriate time lines and goals for service delivery.

- Family members may not be able to participate in some of the planned activities, or cannot attend in more than one or two at a time
- Family members need to have realistic goals and the capacities to meet them

### **Task 2- Support implementation of plan**

- Provide direct services as appropriate
- Assist in arrangements for services, including contacting agencies and arranging or providing transportation
- Identify any problems in implementation and work with family and others to resolve them
- Maintain regular contact with key family members, particularly the child
- Coordinate schedules and arrangements for counseling and other services
- Regularly reassess family strengths and needs; adjust plan as needed
- Regularly assemble teams for decision making; adjust team membership as appropriate

- Recognize achievements and successes

## **5. Resolution**

The final phase in working with families is oriented towards the completion of service plans and interaction between agencies and the family. The specific activities are:

### **Task 1 – Plan Strategy for Closure**

- Convene teams as appropriate
- Confirm that there are no safety factors that should be addressed prior to closure
- Prepare a transition plan
- Identify community services and facilities that can provide assistance after closure of the case
- Confirm permanency outcomes for the child
- Work with family and others to design strategies to address potential problems in the future

### **Task 2 – Implement Steps for Closure**

- Refer to community agencies for continuing support
- Confirm that family and child have information about, and knowledge of resources and facilities in the community
- Assist in finalizing any permanent plan (e.g. adoption, guardianship)
- Confirm that child will have lifelong connections (e.g. extended family, mentors)
- Confirm that the transition plan is on schedule and that no new safety factors have been identified

CWS REDESIGN  
DIFFERENTIAL RESPONSE AND SERVICE DELIVERY  
PATH 2—CWS AND PARTNERS RESPONSE

**Introduction**

The second Response and Service Delivery is called the ***CWS and Partners Response*** path and involves families in which the children are at moderate risk of abuse and neglect. Safety factors may not be immediately manifested in all cases, but risk is present. The focus is primarily on voluntary involvement in services through engagement of families, but in the interests of protecting the child, the authority of the juvenile court may be utilized. The ideal in this path is a

teamwork approach between CWS and interagency and community partners. As in all three paths, the guiding principle is fair and equitable practices and approaches throughout.

Families selected for this Response path have been reported for child maltreatment that meets the statutory definition or the operational definition described in the “Standardized Approach to the Assessment of Safety, Risk and Protective Capacity.” Prior to Redesign some of these families received one or two visits by a social worker, but no ongoing change or safety oriented services.

*EXAMPLES:*

- *A neighbor reports that the family next door has 5 children under the age of 10. The children are frequently seen outside after dark and unsupervised. They appear dirty, unkempt and inadequately dressed for the weather. In addition, the family rents out space in the garage and back yard sheds to what appear to be transient men who drink and use the yard as a bathroom.*
- *An elementary school counselor refers a family with two school-age children aged 7 and 9. Concerns include the children having head lice, frequently missing or being late to school, and not wanting to go home. She learns from one of them that the mother drinks a lot of beer throughout the day and is often asleep in the morning when the children need to get ready for school. They also have told her that they do not like their mother’s boyfriend because he uses drugs, is mean to them, yells a lot, and threatens to hit them with his belt.*

The CWS and Partners *Response* path will involve an initial face-to-face assessment by CWS, either alone or with one or more interagency and community partners who are enlisted based on the information gathered at intake. The initial face-to-face will be focused on assessing the safety of the child, and engaging the family in a process of recognizing the risks to their child as well as protective capacity resources. Facts will be ascertained and documented

related to the maltreatment, the levels of safety, risk, and protective capacity, and next steps. If any safety factors are present, an immediate *safety plan* will be developed to assure the safety of the child. Exploring protective capacity will help the family and the social worker to develop a safety plan that may, but will *not always*, prevent removal of the child from the immediate custody of the parent or guardian. At this important first meeting with the family the immediate service and support needs will also be identified and assistance will be initiated. A comprehensive assessment process will be initiated with the family and significant support people with whom they identify.

CWS and relevant interagency and community partners will meet with family members, including the children where appropriate, and other members of their support system to participate in a comprehensive assessment of safety, risk protective capacity, family strengths and family needs. The team will also explore strategies to support changes that will diminish risk and enhance safety and protective capacity. From this meeting a plan will emerge that will reflect the shared responsibilities and commitments as well as the specific services and time frames for re-evaluation. Regardless of the agency or partnership conducting the face-to-face assessment, the critical question will be, *“What will it take to keep this child safe?”*

### **Phases of Activity**

#### ***Hotline/Precontact***

Specific activities are performed by the CWS Agency and described in a separate document, titled “Standardized Approach to the Assessment of Safety, Risk, and Protective Capacity: Hotline/Pre-Contact Assessment. These activities include:

- *Receiving the referral*
- *Gathering additional information*
- *Conducting an initial screening for safety concerns based on that information*

- *Making Path decisions, specifically*
  - *Path of Response*
  - *Time of Response*
  - *Response Team, if this is necessary based on the nature of the referral*
- *Coordinating with law enforcement; the nature of the referral may require a cross-report to law enforcement*

### ***Initial Contact with Family***

This phase involves the initial face-to-face activities carried out by CWS alone or with Interagency and/or Community Partners, and the family.

The specific activities include the following:

- *Making contact with the family*
- *Conducting a fact finding interview*
- *Assessing safety, risk, and protective capacity*
- *Creating a safety plan if necessary*
- *Confirming or re-evaluating the Path decision that was made in Phase 1*
- *Initial determination of family needs*

### **Task 1: Assemble Team**

Teams are an important element of the Redesign. The CWS agency will determine whether a team approach will be effective in making the first contact with the family; if so, they will need to determine who the members of the team will be and engage those team members to meet with the family. Response teams will be used whenever possible for all Path 2 families, beginning with the first visit. Each team will be, to the extent possible, ethnically, racially and culturally compatible with the family. Depending on the nature of the referral the team may include law enforcement.

## **Task 2: Prepare for the Face-to-Face Meeting**

- ❑ Review and organize Information that has been gathered, including cultural aspects
- ❑ Determine key questions and issues to explore in the face-to-face meeting
- ❑ Collect (or supplement information from other service providers who may have had contact with the family
- ❑ Decide who should participate on the Response and Service Delivery Team & confirm availability
- ❑ Decide time, location, and method of face-to-face assessment meeting

## **Task 3: Comprehensive Family Assessment and Planning**

- ❑ Introduce self, members of the Face-to-Face Assessment Team (if any) and Family Members
- ❑ Clarify reason for visit and how it will be conducted; include confidentiality issues
- ❑ Advise parents of rights and responsibilities

## **Task 4: Safety Assessment**

*Refer to “Standardized Approach to the Assessment of Safety, Risk, and Protective Capacity: Face-to-Face Assessment Tasks” for detailed guidance in this area, including how to:*

Continue engaging the family as facts related to safety, risk, and protective capacity are discussed

Use observation and interviewing methods designed to help people tell their story and share information about safety concerns, family strengths and mitigating circumstances

Additional materials and tools developed by the Assessment Workgroup should be used as they are made available

### **Task 5: Create Safety Plan**

When safety issues are identified a safety plan will be made if the family is to receive community based child welfare services. The plan may have the child remaining in the home under the care of the parents or guardians; it may have the child remaining in the home under the care of others who can safeguard the child's safety; or it may have the child being placed in another home. In all of these circumstances it will be necessary to create a plan to ensure the child is in the home under the care of the parents or guardians and all safety considerations are identified and addressed. Guidance in creating the safety plan at the initial face-to-face visit is presented in the "Standardized Approach to Assessment of Safety, Risk, and Protective Capacity," pg. 33 *et seq.*

### **Task 6: Confirm or re-evaluate Path decision**

Based on the results of the safety assessment a decision must be made regarding whether this family continues to remain in Path 2.

If there are no safety concerns and the family is open to receiving services referring to a community based partner agency should be considered. Ideally, the Community Partner agency who is on the Team making the first face-to-face visit with the child welfare worker would simply continue to work with the family and the CWS agency can minimize its role (keeping the referral open until they are notified of the family's engagement.).

If the family situation is assessed to pose a high risk to child safety then the CWS agency will proceed according to the Path 3 protocols.

### **Task 7: Further fact gathering**

Once it is determined that the family is open to services it is important to continue to engage the family in “telling their story” so that a preliminary sense of the family’s strengths and needs can be obtained. This will assist in ensuring that an assessment team can be assembled to assist the family in fully addressing their needs and the safety of the child.

### **Task 8: Initiate Comprehensive Family Assessment**

Based on the facts obtained from the referral and the family, a comprehensive family assessment should be initiated. It is important to obtain the family’s permission to include the community team members in the assessment process. Team Decision Making, Family Group Conferencing, and other family engagement models, can be used in the development of the family assessment.

### **Comprehensive Family Assessment and Planning**

This phase encompasses the specific activities that are essential for engaging families in the services that are necessary to assist them in improving the circumstances that might pose a safety risk to the child. There are two components to this phase: Assessment and Planning.

### **(Assessment) Task 1: Assembling the team:**

Based on information in the original referral to the CWS agency and gathered in the initial face-to-face visit some specific needs of the family can be identified. To the extent possible, with the family's permission, it is important to bring specialists from other disciplines who can help with the family's assessment, such as mental health counselors, drug and alcohol assessment specialists, and public health nurses. Team Decision Making and Family Group Conferencing processes are ideal ways to convene such teams.

### **(Assessment) Task 2: Involving family members and supports**

The assessment process should include as many members of the family and the family's support network as feasible.

### **(Assessment)Task 3: Family Engagement**

It is critical to ensure that the family members understand they are part of the assessment process and why an assessment is being made—that it is done with them, not to them. This is best accomplished by:

- Reviewing the information received in the CWS referral (excluding, of course, the identity of the mandated reporter)
- Reviewing information gathered in the initial face-to-face visit
- Reflecting information that the family members have provided regarding their own senses of what they need in order to provide a safe and nurturing home for the child

### **(Assessment Task) 4: Assessing family strengths, safety, risk and protective capacity**

The comprehensive assessment should begin with understanding the family's strengths as the basis for anticipating how specific needs may be addressed. The assessment team should be trained in and knowledgeable of the content of the document, "A Standardized Approach to Assessment of Safety, Risk, and Protective Capacity," developed by the Standardized Assessment Approach Workgroup and published in October, 2003. Additional materials and tools developed by the Assessment Workgroup should be used as they are made available.

#### **(Assessment Task) 5: Determine level and type of service delivery needed**

The members of the team should be able, with the family, to identify the types of services and the intensity of such services that will be needed by the family. Specific services will be delineated in the case plan based on the broad parameters identified in the comprehensive family assessment. Although the goal in Path 2 is to use a voluntary approach to services, a court petition may be necessary based upon the family's circumstances as revealed through the assessment process.

#### **(Assessment) Task 6: Discussion of Permanency Needs**

While the primary goal is to keep families together and it is assumed that this is the case in moderate-to-low risk circumstances, it is possible that the child may need to leave the home as the only means to ensure the child's safety. At the time of the assessment it is important to clarify the possibility that the child may not remain at home and to explore other temporary or permanency options, a discussion of the permanency needs of the child will help the agencies, the family and the family's supports reach consensus about options they may need to explore.

**Plans** entail the following activities:

- *Setting goals*
- *Involving partners*
- *Extensive youth and family participation*
- *Plans for safety and change*
- *Identification of case management roles and responsibilities*
- *Identification of specific services needed and identification of service providers*
- *Customized for each family*

**(Plan) Task 1: Involve partners in formulating plan**

As in the Assessment process, it is important to ensure that the case plan is formulated with the participation of specialists in areas of family need, such as drug and alcohol treatment, mental health treatment, developmental services, and health services. Those specialists can help identify the most appropriate levels and types of treatment required to address the family's needs

**(Plan) Task 2: Involve youth and other family members, including extended family and family supports in formulating plan**

The members of the family and their extended support network are best able to help the family understand the need for the specific services that are recommended in the plan and the importance of their participation in those services. It may be necessary to exclude some family members from this facet of the planning if their presence would present concerns for the safety of the child, other family members, CWS workers or interagency and community partners.

### **(Plan) Task 3: Set specific outcomes and objectives**

The Redesign is focused on providing change oriented services. Clearly stated outcomes and objectives in the case plan will help clarify why it is important to engage in services and what behavioral changes are expected as a result of participation in those services.

### **(Plan) Task 4: Provide timelines for the accomplishment of objectives and attainment of outcomes**

- The case plan should be time-limited and specific time lines should be agreed upon
- Dates for reassessment and updating the case plan should be set at reasonable intervals and as required by mandates.

### **(Plan) Task 5: Case Management responsibilities and expectations are articulated**

In Path 2, CWS and Community Partner agencies share case management responsibilities throughout their involvement with the family.

Depending on the information gathered at the initial face-to-face visit and during the comprehensive family assessment, the relative roles of CWS and the Community Partner agency(ies) will vary. If CWS determines that there are no safety concerns and only low-to-moderate risk, the Community Partner agency may assume responsibility for service delivery and resolution. . In that event, the CWS agency can close its referral or case, initiating procedures to receive a report from the Community Partner Agency confirming that the family has been contacted and that services have been accepted or declined

If a court petition has been filed or a voluntary service agreement under Division 31 has been completed, CWS must take a primary role in court or in ensuring compliance with the voluntary agreement but should continue to partner with community agencies in the delivery of services to the family. Regulatory waivers and statutory changes may further enhance the ability of CWS to share case management responsibilities with community partner agencies in the future.

Because of the varying nature of this relationship, case management roles and responsibilities must be clearly articulated and written into the plan. Such activities will include:

- Regular visitation with the family
- Linking the family with direct service providers
- Periodic reassessment
- Ensuring that timelines are adhered to
- Monitoring progress in achieving objectives and outcomes
- Working with family to determine the appropriate time for the termination of services

**(Plan) Task 6: Direct services are clearly articulated and appropriately address family needs**

The involvement of specialty services in the family assessment and development of the case plan helps ensure that the specific services written in the case plan will address change-oriented needs of the family

**(Plan) Task 7: All parties agree to the case plan**

It is important to achieve as much consensus as possible among the parties who are involved in developing the plan, both with regard to the contents of the plan and in understanding which parties have responsibility for carrying out specific activities

### **(Plan) Task 8: Conform to Division 31 and Court Requirements if Necessary**

Division 31 and the Welfare and Institutions Code 16501.1 contain specific case plan requirements. When a court petition is filed or voluntary services are provided under the terms of a service contract between CWS and the family, the plan that is developed must conform to the requirements that exist in regulation and statute.

### ***Child Welfare Services with Community Partner Agency Service Delivery* (Included on Agenda)**

The CWS and Partners Response Path anticipates a cooperative approach throughout. Interagency and community partners, working with CWS workers, will have designed the case plan and identified the services best suited and most accessible to effect family change and provide safety for the child. Depending on the decisions that are made pursuant to (Plan) Task 5, above, there will be different roles of the Interagency, Community Partner, and CWS agencies in service delivery. Service delivery entails the following considerations:

3. The need for services customized for the individual child and family
4. The need for services that will strengthen and support the family
5. The need to focus on areas that require change in order to ensure child safety
6. Assistance regardless of where the child is residing (in home or out of home)
7. The use of alternative dispute resolution techniques to resolve conflicts that may present problems within the family and potential risk to the child's safety
8. The need to provide on-going services and assistance to any child approaching or anticipating the time of transition to adulthood.

### **Task 1-Implement Case Plan**

- Assist in arrangements for services, including contacting agencies and transportation
- Identify any problems in implementation and work with family and others to resolve them
- Provide direct services as appropriate
- Maintain regular contact with key family members, particularly the child
- Coordinate schedules and arrangements for counseling and other services
- Regularly assemble teams for decision making; adjust team membership as appropriate
- Regularly reassess family strengths and weaknesses; adjust case plan as needed
- Acknowledge achievements and successes

### ***Resolution***

The final phase in working with families is the completion of the service plan and the development of an aftercare plan. The specific activities are:

- Ensuring that the family is linked to accessible community resources that can provide continuing support and services
- Achieving permanency and well-being outcomes
- Planning and preparing for successful youth transition, including lifelong connections

### **Task 1 – Plan Strategy for Closure**

- Convene teams as appropriate
- Confirm that there are no safety factors that should be addressed prior to closure
- Prepare a transition plan to maintain gains that have been made and to address potential challenges that may arise
- Identify community services and facilities that can provide assistance after closure of the case

- Confirm permanency outcomes for the child
- If dependency has been declared, plan for termination and completion of reporting requirements

### **Task 2 – Implement Steps for Closure**

- Refer to community agencies for continuing support
- Confirm that family and child have information about, and knowledge of resources and facilities in the community
- Assist in finalizing any permanent plan (e.g. adoption, guardianship)
- Confirm that child will have lifelong connections (e.g. extended family, mentors)
- Confirm that the transition plan is on schedule and that no new safety factors have been identified
- If dependency has been declared, prepare for court hearing

CWS REDESIGN  
DIFFERENTIAL RESPONSE AND SERVICE DELIVERY  
PATH 3—CWS HIGH PRIORITY RESPONSE AND SERVICE DELIVERY

### **Introduction**

The third Response path is the **Child Welfare High Priority Response** path. This path always involves the likelihood that the children are unsafe, risk is moderate to high for continued child maltreatment and actions must be taken to protect the child, with the family’s agreement whenever possible. Criminal charges may also be filed against the adults causing the harm. Efforts will be made to engage the family; especially non-offending parents and other protective adults, in order

to preserve the connections of the child to family members.

The Child Welfare High Priority Response – CWS will be responsible for the first face-to-face visit and other community partners may be included depending on the circumstances. Law enforcement may also be involved. The safety of the children will be assessed. Facts will be ascertained regarding any pattern of maltreatment, and the safety, risk and protective capacity factors, as well as family strengths and needs. Efforts will be undertaken to help the family members recognize the seriousness of the concerns and to engage them in a commitment to a change process. The level of risk will often require the involvement of the court to authoritatively assure that actions are taken to protect the children.

#### EXAMPLES:

- A mandated reporter calls to report that a teenage mother of a one year old gave her baby two bottles of beer last night to make him sleep. Today the baby is sick and vomiting. The child is also observed to have bite and burn marks on his body and a friend of the teen mother has told the reporting party that she has seen the mother bite the baby. The teen mother has no visible means of support either financially or socially.
- An emergency room doctor calls to report child abuse. A 2-year-old is in the hospital having suffered a head trauma, internal bleeding and several broken bones. X-rays reveal additional old, untreated fractures. The mother reports that she was at the market and when she got home her boyfriend was gone and she found the baby unresponsive. Not sure what to do, she called a neighbor who then called 911.

A safety plan will be developed to address any identified safety factors. This could involve out of home placement of a child or other means of assuring safety, such as the removal of an offending adult from the home, or introducing a protective relative or other responsible adult into the home. CWS will initiate a comprehensive assessment and arrange for any immediate support services needed.

Engagement and ascertaining of facts will be the focus of all assessments. The recommendations and provision of services will be customized based on the individual child and the family. Regardless of the agency or partnership conducting the face-to-face assessment, the critical question will be, “What will it take to keep this child safe?”

## **Phases of Activity**

### **1. Hotline/Precontact**

Specific activities are performed by the CWS Agency and described in a separate document, entitled “Standardized Approach to the Assessment of Safety, Risk, and Protective Capacity: Hotline/Pre-Contact Assessment.” These activities include:

- Receiving referral
- Gathering additional information
- Conducting an initial screening for safety concerns based on that information
- Making path decisions, specifically
  - Path of Response
  - Time of Response
  - Response Team, including law enforcement if this is necessary based on the nature of the referral
- Coordinating with law enforcement; the nature of the referral may require a cross-report to law enforcement

### **2. Initial Contact with Family**

This phase involves the initial face-to-face activities between CWS and the family. The specific activities include the following:

- Making Contact with the family
- Conducting a fact finding interview
- Assessing safety, risk, and protective capacity
- Creating a safety plan if necessary
- Confirming or re-evaluating the path decision that was made in Phase 1 for the purposes of Service Delivery
- Initial determination of family needs

### **Task 1: Assemble Team**

Teams are an important element of the Redesign. However, in the CWS High Priority Response and Service Delivery Path the CWS agency may determine that a team approach is not appropriate due to the nature of the allegations and the need to conduct a specific investigatory interview. In this case CWS or CWS with law enforcement will make the first visit. If CWS determines that a team approach will be effective in making the first contact with the family, CWS will need to select who the members of the team will be and engage those team members to meet with the family.

### **Task 2: Prepare for the Face-to-Face Meeting**

- Review and organize Information that has been gathered
- Determine key questions and issues to explore in the face-to-face meeting
- Collect (or supplement) information from other service providers who may have had contact with the family
- Contact all members of the Response Team & confirm availability
- Decide time, location, and method of face-to-face assessment meeting

### **Task 3: Comprehensive Family Assessment and Planning**

- Introduce self, members of the Face-to-Face Assessment Team (if any) and Family Members

- Advise parents of rights and responsibilities, including confidentiality
- Clarify reason for visit and how it will be conducted

#### **Task 4: Safety Assessment**

Refer to “Standardized Approach to the Assessment of Safety, Risk, and Protective Capacity: Face-to-Face Assessment Tasks” for detailed guidance in this area, including how to:

Continue engaging the family as facts related to safety, risk, and protective capacity are organized

Use observation and interviewing methods designed to help people tell their story and share information about safety concerns, family strengths and mitigating circumstances

Additional materials and tools developed by the Assessment Workgroup should be used as they are made available

#### **Task 5: Confirm or re-evaluate Path decision**

Based on the results of the safety assessment a decision must be made regarding whether this family continues to remain in Path 3. If it is determined that the safety concerns are low or, or they have been resolved, but the family is willing to participate in services the family should be referred to the community partner services. The CWS worker will contact the Community Partner agency to ensure a smooth transition to community service delivery.

#### **Task 6: Create Safety Plan if necessary**

When safety issues are identified a safety plan must be made. The plan may have the child remaining in the home under the care of the parents or guardians; it may have the child remaining in the home under the care of others who can safeguard the child’s safety, or it may have the child being placed in another home. In all of these

circumstances it will be necessary to create a plan to ensure that when the child is in the home under the care of the parents or guardians, all safety considerations are identified and addressed. Guidance in creating the safety plan at the initial face-to-face visit is presented in the “Standardized Approach to Assessment of Safety, Risk, and Protective Capacity,” pg. 33 et seq.

#### **Task 7: Further fact gathering**

Once safety issues and/or high risk factors have been confirmed, it is important to continue to engage the family in “telling their story” so that a preliminary sense of the family’s strengths and needs can be achieved. This will assist in ensuring that an assessment team can be assembled to assist the family in fully addressing their needs and strengths, as well as the safety of the child.

#### **Task 8: Initiate Comprehensive Family Assessment**

Based on the facts obtained from the referral and the family, a comprehensive family assessment can be initiated. It is important to obtain the family’s permission to include community team members in the assessment process. Team Decision Making, Family Group Conferencing, and other family engagement models can be used in the development of the family assessment.

### **3. Comprehensive Family Assessment and Planning**

This phase encompasses the specific activities that are essential for engaging families in the services that are necessary to assist them in improving the circumstances that might pose a safety risk to children. There are two components to this phase: Assessment and Case Plan.

When a court petition has been filed or a voluntary services agreement has been completed there are specific time frames in WIC 300 et seq and Division 31 that must be adhered to for the completion of assessments and plans.

**Assessments are thorough and comprehensive** and they address the following:

- Safety
- Risk
- Protective Capacity
- Family Strengths
- Level and type of services needed
- Permanency needs

**Assessments** embody the following principles:

- Family engagement
- Thorough fact finding

Additional materials and tools regarding the Comprehensive Family Assessment that are developed by the Assessment Workgroup should be used as they are made available

### **(Assessment) Task 1: Assembling the team**

Based on information in the original referral to the CWS agency and gathered in the initial face-to-face visit some specific needs of the family can be identified. To the extent possible, with the family's permission, it is important to

bring specialists from other disciplines who can help with the family's assessment, such as mental health counselors, drug and alcohol assessment specialists, and public health nurses. Team Decision Meeting and Family Group Conferencing processes are ideal ways to convene such teams.

### **(Assessment) Task 2: Involving family members and supports**

The assessment process should include as many members of the family and the family's support network as feasible.

### **(Assessment) Task 3: Family Engagement**

Whenever possible it is critical to ensure that the family understands they are part of the assessment process and why an assessment is being made—that it is done with them, not to them. This is best accomplished by:

- Reviewing the information received in the CWS referral (excluding, of course, the identity of the mandated reporter)
- Reviewing information gathered in the initial face-to-face visit
- Reflecting information that the family members have provided regarding their own sense of what they need in order to provide a safe, nurturing home for the children

### **(Assessment Task) 4: Assessing family strengths, safety, risk and protective capacity**

The comprehensive assessment should begin with understanding the family's strengths as the basis for understanding how to address their specific needs and participate in the steps necessary to protect the child in the home and work toward family restoration. The assessment team should be trained in and knowledgeable of the content of the document, "A Standardized Approach to Assessment of Safety, Risk, and Protective Capacity,"

developed by the Standardized Assessment Approach Workgroup and published in October, 2003. Additional materials and tools developed by the Assessment Workgroup should be used as they are made available.

**(Assessment Task) 5: Determine level and type of service delivery needed**

The members of the team should be able, with the family, to identify the types of services and the intensity of such services that will be needed by the family. Specific services will be delineated in the case plan based on the broad parameters identified in the comprehensive family assessment.

**(Assessment) Task 6: Discussion of Permanency Needs**

While the primary goal is to keep families together it is possible that the child may need to leave the home. At the time of the assessment it is important to clarify the possibility that the child may not remain at home and to explore other permanency options, a discussion of the permanency needs of the child will help the agencies, the family and the family's supports reach consensus about options to explore.

**Plans** may include the filing of a dependency petition and will entail the following activities whenever possible:

- Setting goals
- Involving partners
- Extensive youth and family participation
- Plans for safety and change
- Identification of case management roles and responsibilities

- Identification of specific services needed and identification of service providers
- Customized for each family

**(Plan) Task 1: Involve partners in formulating plan**

As in the Assessment process, it is important to ensure that the case plan is formulated with the participation of specialists in areas of family need, such as drug and alcohol treatment, mental health treatment, developmental services, and health services. Those specialists can help identify the most appropriate levels and types of treatment to address the family's needs

**(Plan) Task 2: Involve youth and other family members, including extended family and family supports, in formulating plan**

The members of the family and their extended support network are best able to help the family understand the need for specific services that are recommended in the plan and the importance of their participation in those services. It may be necessary to exclude some family members from this facet of the planning if their presence would present concerns for the safety of the child, other family members, CWS workers or interagency and community partners.

**(Plan) Task 3: Set specific outcomes and objectives**

The Redesign is focused on providing change oriented services. Clearly stated outcomes and objectives in the case plan will help clarify why it is important to engage in services and what behavioral changes are expected as a result of participation in those services.

**(Plan) Task 4: Provide timelines for the accomplishment of objectives and attainment of outcomes**

- The case plan should be time-limited and specific time lines should be agreed upon
- Dates for reassessment and updating the case plan should be set at reasonable intervals and as required by mandates.

**(Plan) Task 5: Case Management responsibilities and expectations are articulated**

CWS will be responsible for case management in the High Priority cases, although partner agencies will be called upon to provide services and to report to CWS, and, in dependency cases, to the court, on the participation of the family members included in the case plan. CWS responsibilities should be written in the case plan and include:

- Regular visitation with the family
- Linking the family with direct service providers
- Periodic reassessment
- Ensuring that timelines are adhered to
- Monitoring progress in achieving objectives and outcomes
- Working with family to determine appropriate time for the termination of services

If CWS determines that there are no safety concerns and only low-to-moderate risk, the Community Partner agency may assume responsibility for service delivery and resolution as described in Path I. In that event, the CWS agency can close its referral or case, initiating procedures to receive a report from the Community Partner Agency confirming that the family has been contacted and that services have been accepted or declined

**(Plan) Task 6: Direct services are clearly articulated and appropriately address family needs**

The involvement of specialty services in the family assessment and development of the case plan helps ensure that the specific services written in the case plan will address change-oriented needs of the family

**(Plan) Task 7: CWS and Family Sign Plan**

Division 31 regulations require that the CWS Social Worker, the Social Work Supervisor, and the family sign the plan

**(Plan) Task 8: Conform to Division 31 and Court Requirements if Necessary**

Division 31 and the Welfare and Institutions Code 300 et seq contain specific case plan requirements. If a court petition is filed or if voluntary services are provided under the terms of a service contract between CWS and the family, the plan that is developed must conform to the requirements that exist in regulation and statute.

**4. Child Welfare Services Agency Service Delivery (Included on Agenda)**

Although CWS is responsible for arranging for the delivery of services, community agencies may be the primary providers of the specific services, and for working directly with certain family members. CWS and the partner agencies must address the following issues:

1. The need for services that will strengthen and support the family
2. The need to focus on areas that require change in order to ensure child safety and to enhance protective capacity
3. Assistance regardless of where the child is residing (in home or out of home)

4. The need to be aware of, to understand and to implement any court orders relating to the family, including juvenile and criminal court orders.
5. The use of alternative dispute resolution techniques to resolve conflicts that may present problems within the family and potential risk to the child's safety and in addressing plans for permanency for the child
6. The need to focus on reunification and family restoration if the child or others have been removed from or left the residence; the need to identify and include other family members or non-relative extended family in the planning and implementation of case plans
7. The need to work towards a permanent arrangement for any child who has left, or will soon be leaving the home
8. The need to provide on-going services and assistance to any child approaching or anticipating the time of transition to adulthood.

### **Task 1-Implement Case Plan**

- Assist in arrangements for services, including contacting agencies and ensuring transportation
- Identify any problems in implementation and work with family and others to resolve them
- Maintain regular contact with key family members, particularly the child
- Provide direct services as appropriate
- Coordinate schedules and arrangements for counseling and other services
- Regularly assemble teams for decision making; adjust team membership as appropriate
- Regularly reassess family strengths and weaknesses; adjust case plan as needed
- Regularly reassess safety, risk and protective capacity
- Acknowledge achievements and successes

## **5. Resolution**

The final phase in working with families is oriented towards the completion of service plans and interaction between agencies and the family. In order for CWS to complete its involvement in a case, the following considerations must be addressed:

- If the child is to remain at home, or be returned to the home, a strategy to ensure that families are linked to community resources for continuing services and support
- Permanency and well-being outcomes:
  - Enhanced family capacity
  - Family restoration
  - Adoption
  - Guardianship
  - Kinship Care
- Lifelong connections for youth
- Successful youth transition

### **Task 1 – Plan Strategy for Closure**

- Convene teams as appropriate
- If the child is to remain at home, or be returned to the home, confirm that there are no safety factors that should be addressed prior to closure
- Prepare a transition plan to maintain gains that have been made and to address potential challenges that may arise
- Identify community services and facilities that can provide assistance after closure of the case
- Confirm permanency outcomes for the child

### **Task 2 – Implement Steps for Closure: Child at Home**

- Refer to community agencies for continuing support

- Confirm that family and child have information about, and knowledge of resources and facilities in the community
- Assist in finalizing any permanent plan (e.g. adoption, guardianship)
- Confirm that child will have lifelong connections (e.g. extended family, mentors)
- Confirm that the transition plan is on schedule and that no new safety factors have been identified

### **Task 3 – Implement Steps for Alternative Permanent Plan**

- Refer to appropriate sources for assistance (e.g. relatives, adoption assistance)
- Determine best plan for permanency
- Recognize and consider needs of child for contact with siblings and other family members
- Report to court as required
- Regularly monitor case and progress toward permanence
- Seek additional court orders as needed