Safety Management and Safety Services

Estimated Time 12 hours

Order/Overview

Day 1 9:00-4:30

Introduction
- Objectives
- Agenda
- Pre-Test

Session 1
- Foundational Knowledge. Review of Methodology

Session 2
- Overview of Safety Management Roles and Responsibilities
  - The Role of Safety Management
  - Safety Management Practice Responsibilities
  - Characteristics of Effective Safety Management
  - Florida's Service Array
  - Child Care Exercise

Lunch 11:30-12:30

Session 3

Safety Categories/Objectives

Safety Services
Safety Categories and Associated Safety Services-In depth
Exercise-Identifying Safety Categories and Safety Services based on Impending Danger

Wrap up and review

Day 2 9:00-4:30

Session 4 Modifying Safety Plans

Session 5 Evaluating Conditions for Return
Pulling it all together: Case Example

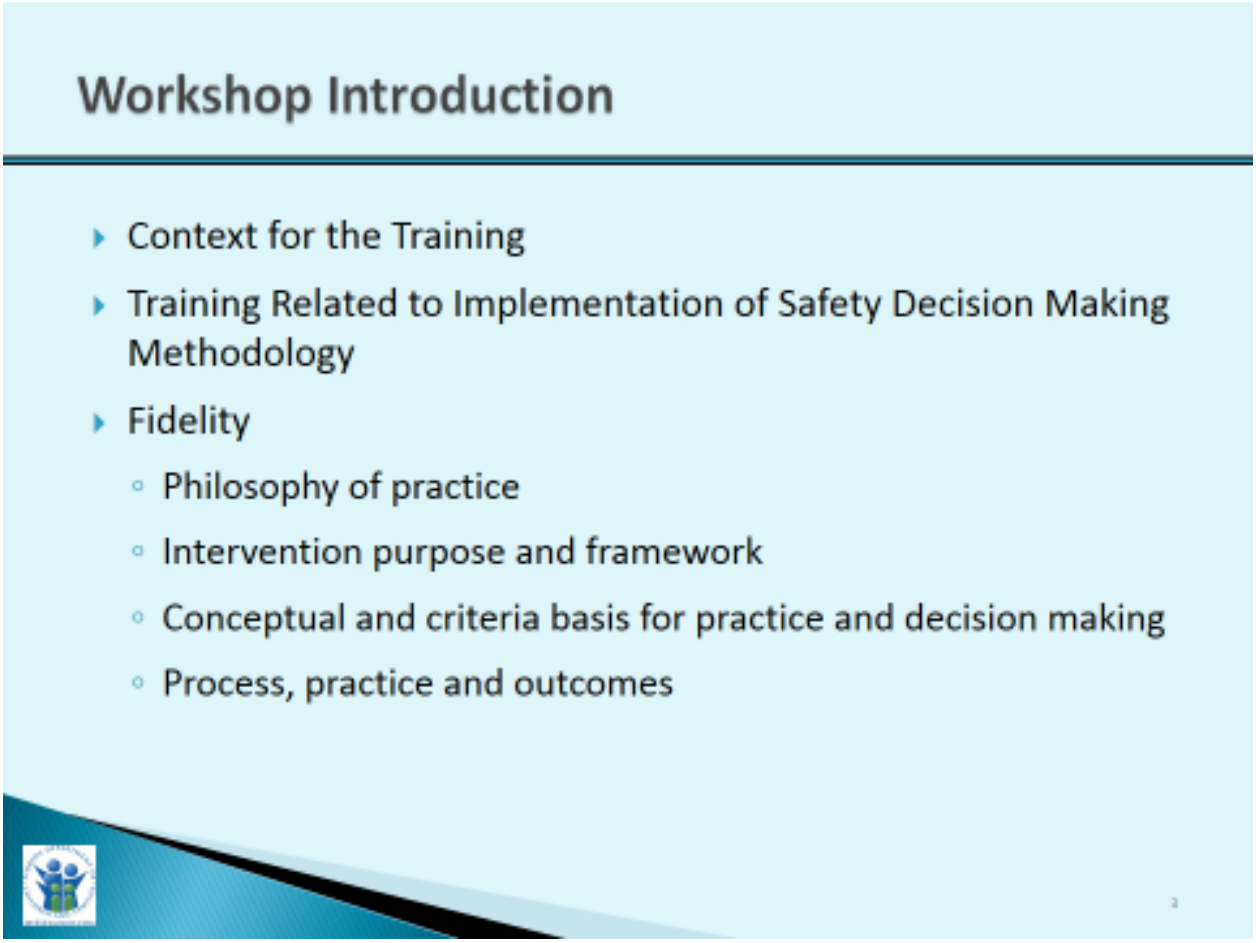
Lunch mid-way through Session 5 11:30-12:30

Session 6 Interpersonal Skills for Providing In-Home Safety Services

Wrap up and review
Post-test

Logistics

- Flip chart/markers
- LCD projector and screen
- Computer for power point



Workshop Introduction

Slide Purpose:

1. This slide is intended to provide the background as well as the context for this training session.
2. The introduction should provide an explanation for this training within the larger context of what is happening with respect to supporting the implementation of a systematic safety assessment practice that engages families.

Trainer Narrative:

1. The "Safety Methodology" emphasizes:
    a. A common language for safety assessment;
    b. A common set of constructs for identifying children who are unsafe;

    c. A standardized risk assessment;
    d. A common set of constructs that guide non-negotiable safety interventions and remediation for unsafe children;
    e. A common set of constructs that guide development of case plan outcomes that are focused on change.
2. Safety Methodology practice, information collection and decision making provides the essential foundation of all intervention that occurs as part of the Safety Methodology, and continues throughout our engagement with families.
3. This training is one activity within a larger strategy to assure that the Safety Methodology is implemented with fidelity.
    a. (*Fidelity* refers to standardized practice and decision-making that is performed and occurs in the field as originally designed and intended.)
4. Transition to next slide.

Introductions

Slide Purpose:

1. The trainer should introduce himself or herself.

Trainer Narrative:

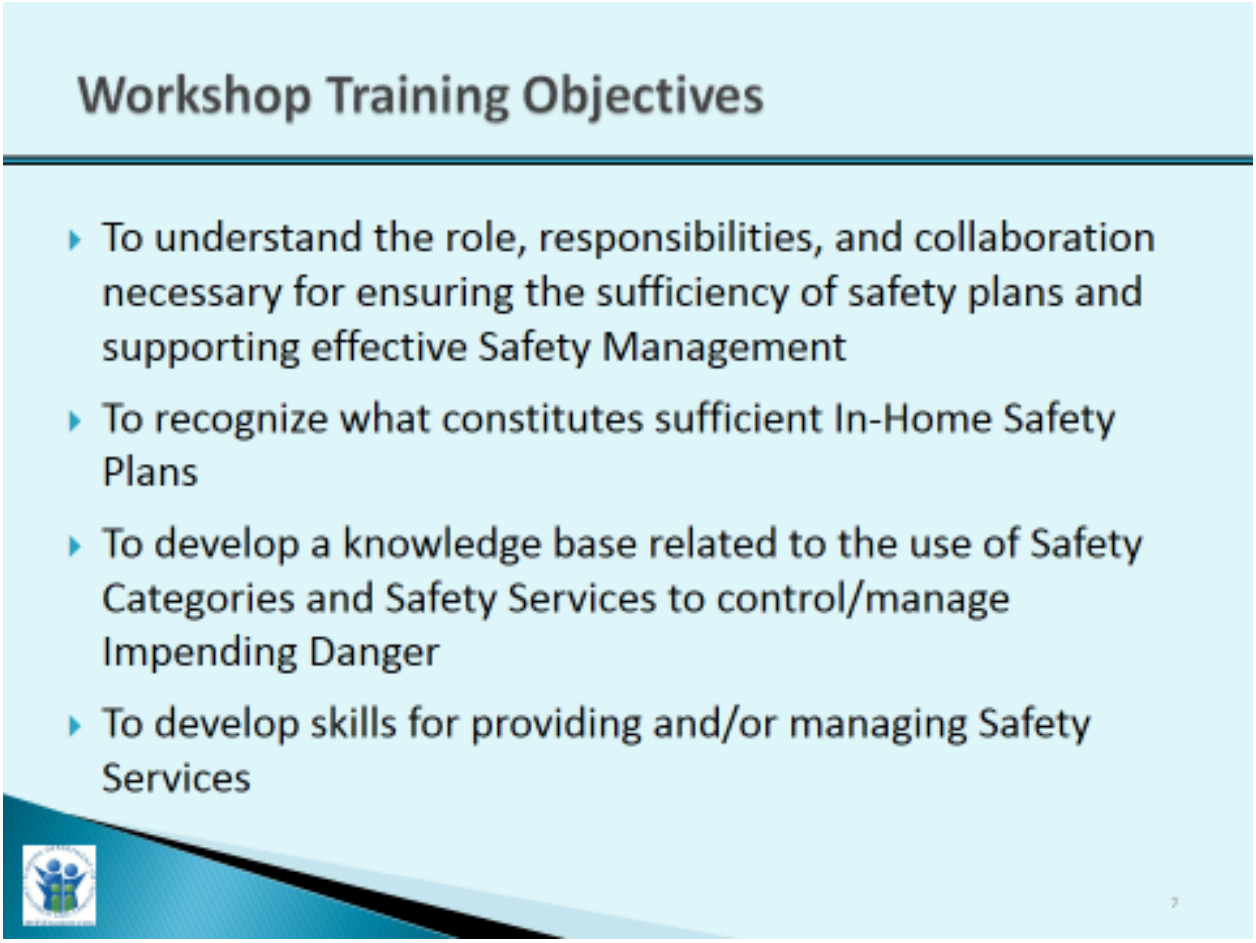
1. Begin by the trainer providing his or her own introduction.
2. Introduce yourself; indicate experience in child welfare and in training.
3. Mention personal experience, interest and preparation related to Safety Methodology and leading this workshop.

Activity/Exercise:

1. Participant Introductions.
    a. The trainer may choose to develop a warm-up approach to introductions or simply conduct the introductions straight

out.

b. Participants should indicate who they are, their agency, their position, and their experience.
c. Sometimes it is useful to ask participants to also indicate expectations they have for the training.



Objectives

Slide Purpose:

1. The purpose of this slide is to provide the overview of the learning objectives for the training.

Trainer Narrative:

1. This training covers the function of Safety Management. This is the important function which the CBC assumes upon case transfer. This is a function that begins immediately as all cases which are transferred for case management are cases in which safety plans have been established (either in-home or out of home).

2. In this session we will introduce a couple of new concepts which help to further operationalize the function of safety management: Safety Categories and Safety Services.
3. Two important elements of Safety Management will also be reviewed and explored in some depth: recognizing what constitutes a sufficient in-home safety plan and understanding conditions for return.

Exercise/Activity:

1. Review objectives on slide with participants.
2. Transition to next slide.

Agenda

Slide Purpose:

1. Provide visual for participant orientation to the logistics and agenda.

Trainer Narrative:

1. Inform participants that this training is a two-day training, and in particular the focus is on CBC safety management and safety services.
2. Each participant will have a participant guide, that contains the PPT material, as well as exercise handouts.
3. We will be working through the day, taking an hour for lunch.
4. Remind participants regarding cell phone usage, distractions, etc.

5. Familiarize the participants with the logistics of the facility, to include exits and bathroom facilities.
6. Transition to next slide.

Safety Management and Safety Services

Office of Child Welfare In-Service Training

Agenda

Day 1 9:00-4:30

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- Objectives
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- Pre-Test

Session 1
- Foundational Knowledge. Review of Methodology

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- Overview of Safety Management Roles and Responsibilities
  - The Role of Safety Management
  - Safety Management Practice Responsibilities
  - Characteristics of Effective Safety Management
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Lunch 11:30-12:30

Session 3
- Safety Categories/Objectives
  - Safety Services
  - Safety Categories and Associated Safety Services-In depth
  - Exercise-Identifying Safety Categories and Safety Services based on Impending Danger

- Wrap Up and Review

Day 2 9:00-4:30

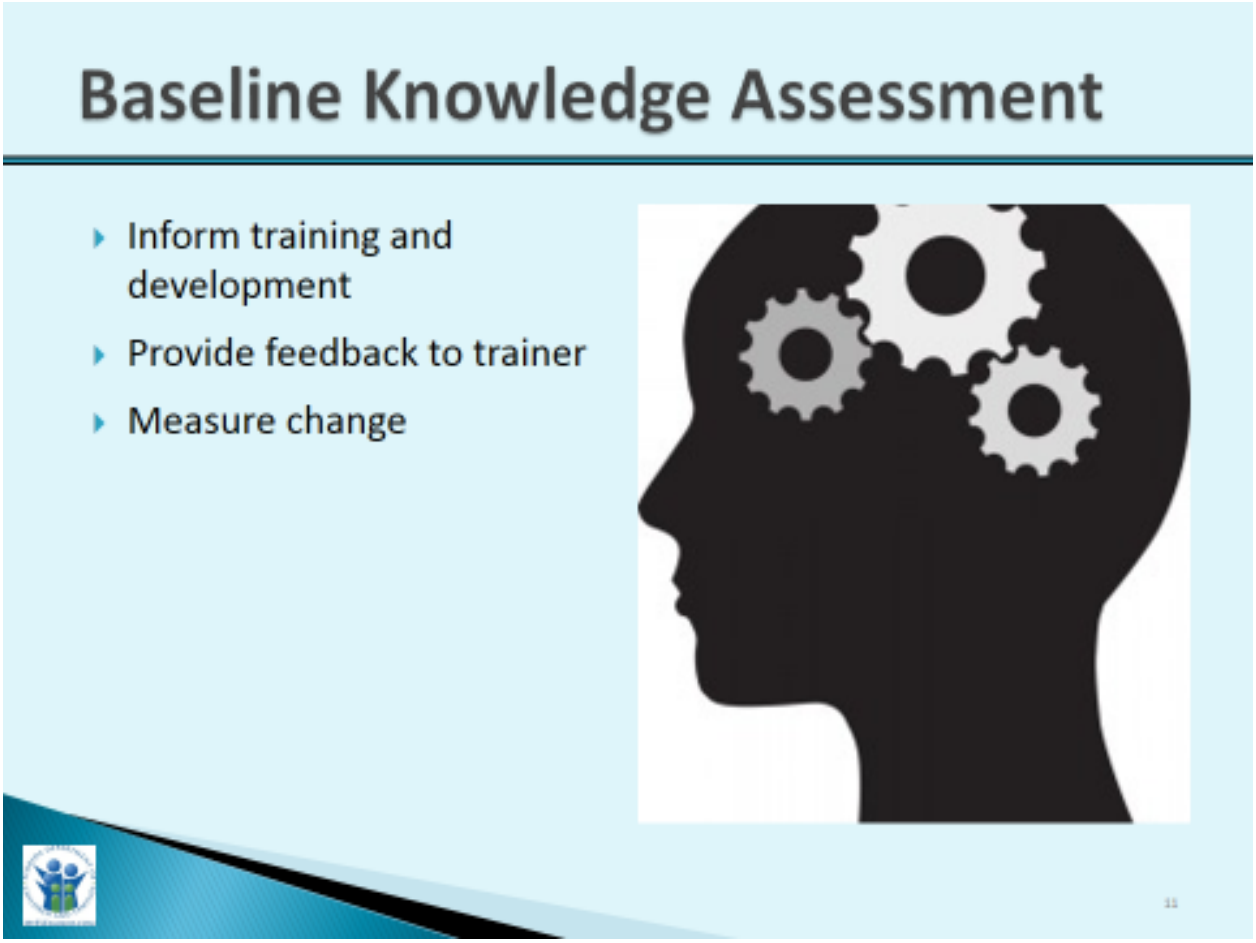
Session 4 Modifying Safety Plans

Session 5 Evaluating Conditions for Return
Pulling it all together: Case Example

Lunch mid-way through Session 5 11:30-12:30

Session 6 Interpersonal Skills for Providing In-Home Safety Services

- Wrap Up and Review
  - Post Test
  - Training Evaluation



Baseline Knowledge Assessment

15 Minutes

Slide Purpose:

1. Information to participants to inform assessment.

Trainer Narrative:

1. What is provided during this training depends on other knowledge and other skill which each of you bring to the process.
2. Training focuses on individual knowledge of essential concepts that underpin safety intervention practice and decision-making.
3. The curriculum objectives are to enhance professional growth and development of child welfare staff, increasing competence; confidence and expertise surrounding developing safety plans.

4. Inform participants that this is not a test but, rather, a gauge of their knowledge base.
5. The assessment will be used to inform further assistance and staff development activities, at a global and individual level for participants.
6. In addition, we will reflect back upon their answers at the conclusion of the training.

Activity/Exercise:

1. **Hand out the competency pre-test assessment for participants.**
    a. **Loose Handout**.
2. Allow participants 15 minutes to complete the worksheet.
3. Have participant's hand in their worksheets to the facilitator.

TRAINER VERSION
Safety Management & Safety Services Pre/Post Test Key

1. Which one of the following is not part of Florida's Service Array?

____A) Safety management services
____B) Child well-being services
____C) Adult functioning services
____D) Treatment services
____E) Family support Services

2. Safety plans must never be modified, once they are established they remain the same for the life of the case.

_____True
_____False

4. Which of the following is not a safety category?

____A) Behavior Management
____B) Social Connection
____C) Separation
____D) Resource Support
____E) Child Care

4. Safety management is concerned with controlling danger and threats of danger only, not changing family functioning or circumstances.

_____True
_____False

5. Conditions for return should be:

____A) Official written statements
____B) Specific to each individual family
____C) Descriptive of what would be necessary in order to implement an in-home safety plan
____D) Discussed with the family
____E) All of the above

6. Not all cases transferred to Case Management will require safety management.

_____True
_____False

7. Conditions for return are:

____ A) Only developed when the safety plan is an out of home safety plan.
____ B) Written statement that identifies specific circumstances that must exist within a child's home to implement an in home safety plan.
____ C) What must change in the caregivers protective capacity.
____ D) Used to determine when a case can be closed.
____ E) A and B.

8. The least intrusive safety plan is out of home placement of a child.

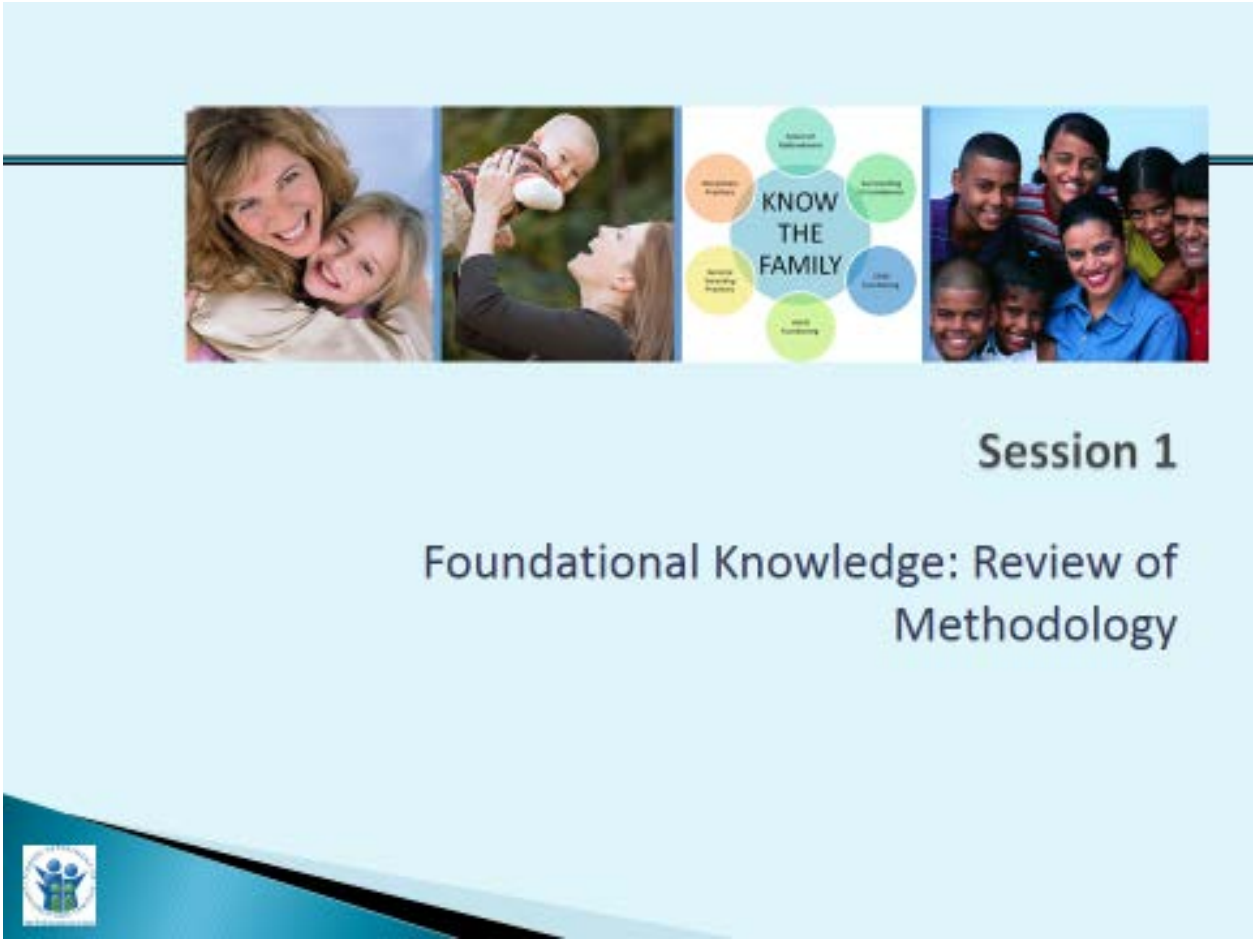
_____True
_____False

9. Which of the following is not a true statement?

____A) Safety management is a passive function
____B) Safety plans may involve formal and informal service providers
____C) The case manager assumes the function of safety management at case transfer
____D) The case manager may have a service provider role in a safety plan
____E) Visitation management is an aspect of safety management

10. Change management and safety management have the following in common:

____A) They both deal in some way with caregiver protective capacities
____B) They are both addressed through the case plan
____C) They are both only the responsibility of the Case Manager
____D) They are both only carried out in in-home safety plan cases
____E) They both require judicial intervention



Foundational Knowledge: Review of Methodology

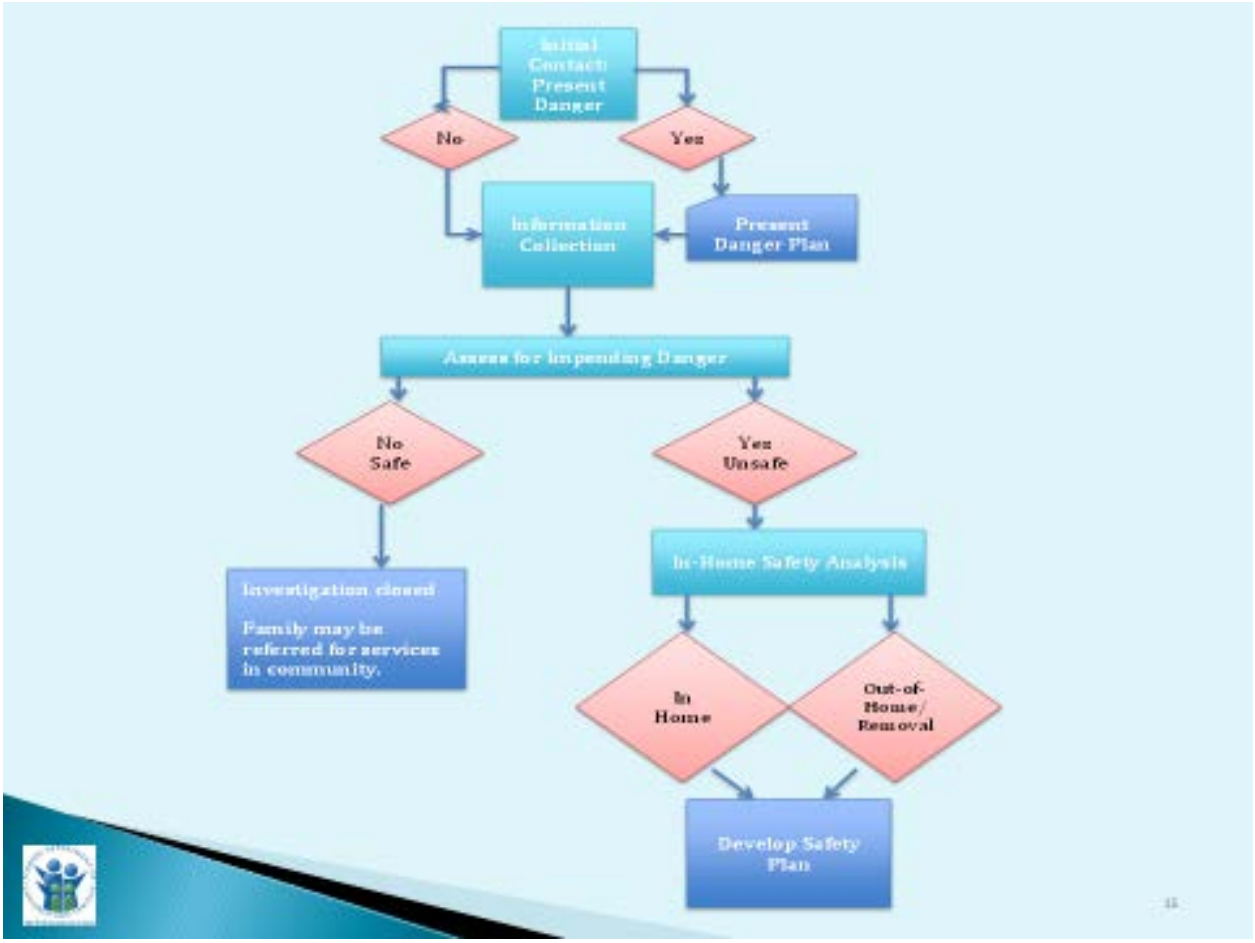
Session 1: 30 Minutes

Slide Purpose:

1. To provide an overview of Session 1.

Trainer Narrative:

1. Provide a brief overview of Session 1.
2. Inform participants that prior to beginning Session 1 that we will be challenging our knowledge base and recall from previous training and application of methodology.



CPI Decision-Making Case Flow Chart

5 Minutes

Handout:

1. **Case Decision-Making Flow Chart CPI**

Trainer Narrative:

1. Reinforce with participants that the safety decision-making flow chart represents the essential safety decisions that must occur during the CPI process.
2. Reinforce the need to remain "within the lines" for decision-making.
3. The Safety Methodology is focused on ensuring that the "right" families are being served through case management services. Meaning unsafe children.

4. Therefore there must be precision in the decision-making for children and families.

Exercise/Activity:

1. Guide participants through a brief review of the case flow chart—decision by decision.

Trainer Note:

1. Participants may raise the question regarding the application of the risk assessment and the absence of the assessment on the case decision-making flow chart.
2. Should this occur, reinforce that the decisions that are outlined in the case decision-making flow chart are the safety decisions that must be made to determine which families are unsafe and who must be served through ongoing case management.
3. The risk assessment is not a safety decision; therefore it is not captured in the safety decision-making flow chart.

Investigation to Ongoing Case Management

5 Minutes

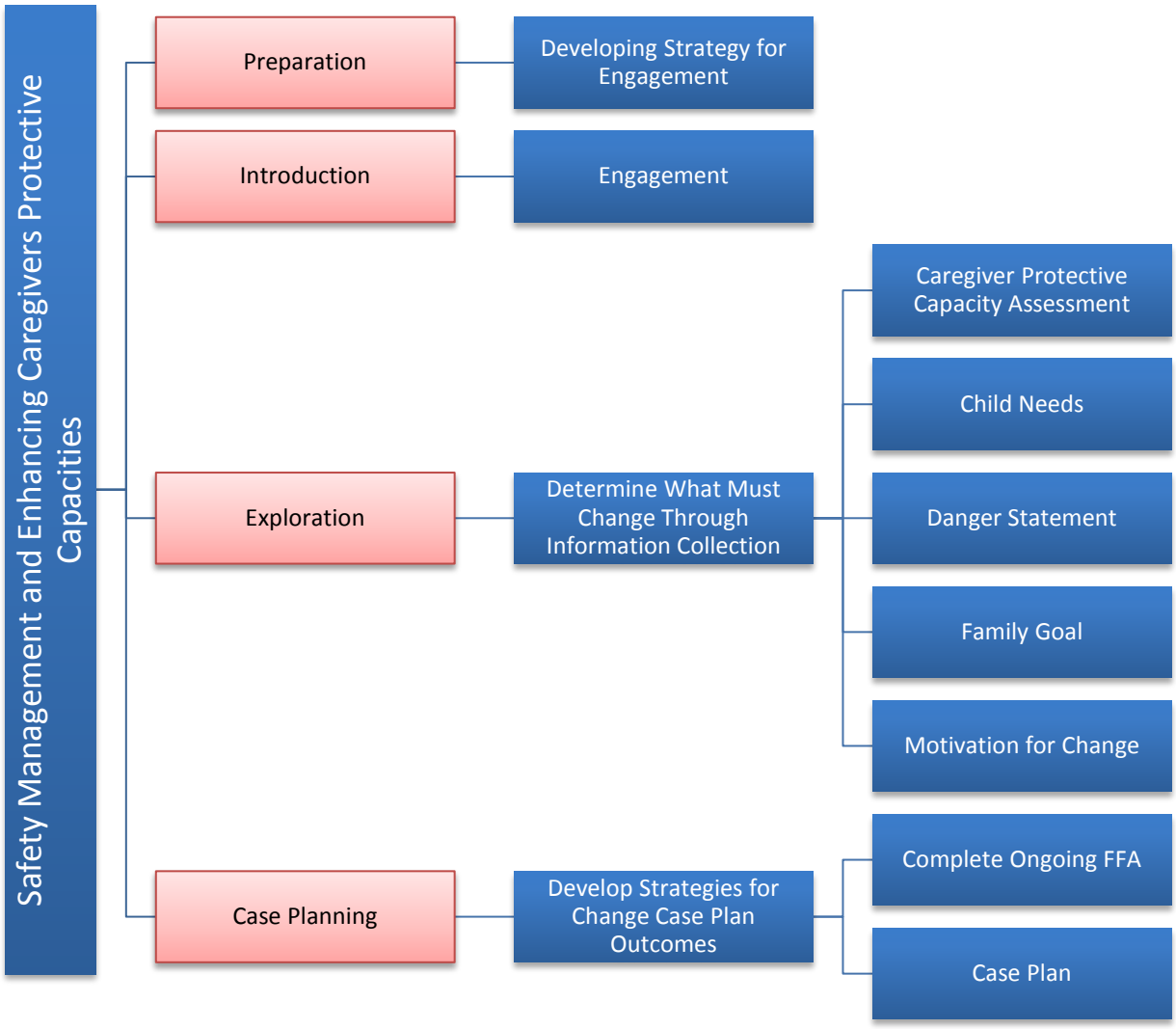
Slide Purpose:

1. To provide visual of the transition from Investigation and Case Management.

Trainer Narrative:

1. Methodology reinforces that we are all serving Florida's children through a seamless process.
2. The lens from which we all work with families is consistent—from CPI to CBC.
3. The focus of our assessments and purpose of our interventions remain constant--child safety and enhancing caregiver protective capacities through change focused case plans.

Ongoing Family Functioning Assessment Process



Ongoing Case Management
Case Flow Chart

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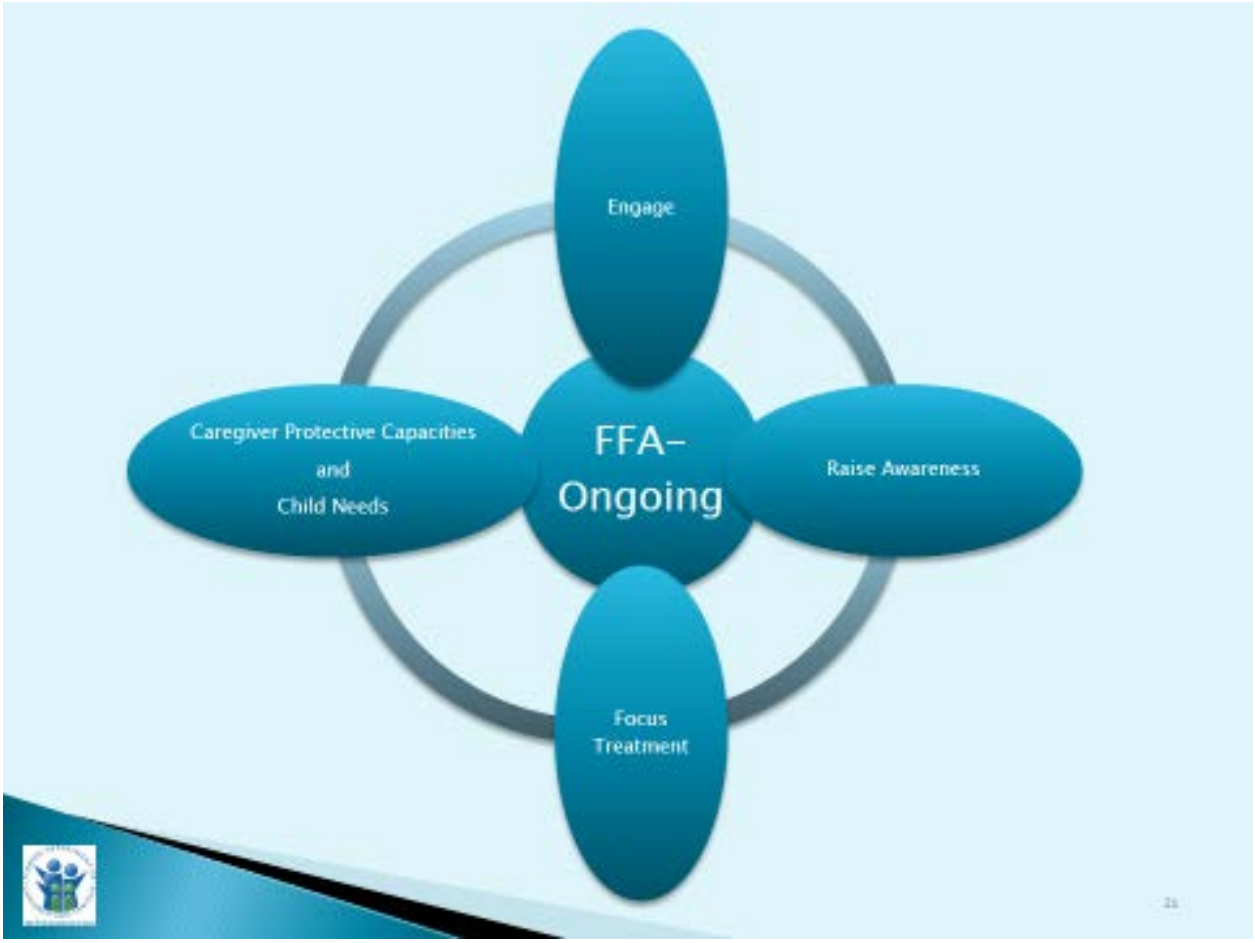
5 Minutes

Slide Purpose:

1. Ongoing Case Management Initial Family Functioning Assessment Case Process.
2. The purpose of this slide is to provide an overview of the ongoing case management intervention stages and case flow process for the initial ongoing family functioning assessment.
3. This is the assessment that is done when families are transferred to ongoing case management.

Trainer Narrative:

1. Inform participants that this flow chart provides a visual for the transition from CPI to Case Management through providing an overview of the initial ongoing family functioning assessment process.
2. Remind participants that this process will be used for all new families who are receiving case management services.
    a. This process informs the development of the case plan outcomes while maintaining safety for children.



Ongoing Family Functioning Assessment:
Foundational Concepts

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5 Minutes

Slide Purpose:

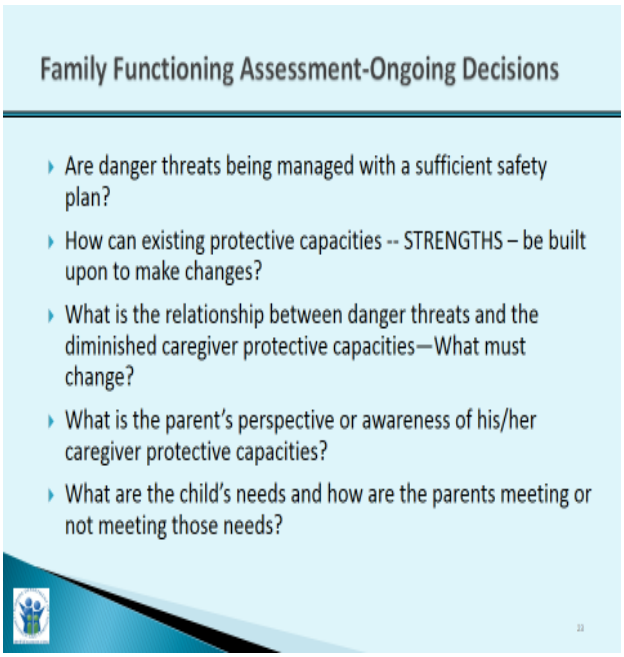
1. This is an overview of the core concepts that drive the Ongoing Family Functioning Assessment purposes and objectives.

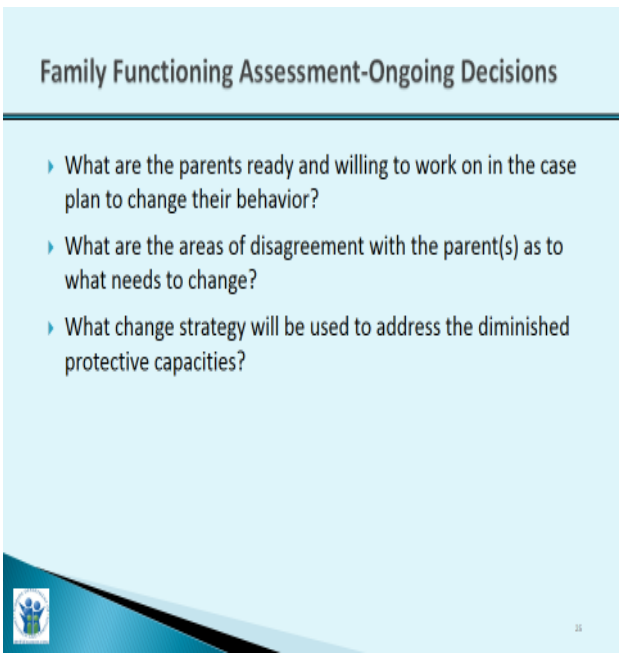
Trainer Narrative:

1. Remind participants that the Ongoing Family Functioning Assessment is the first formal intervention during ongoing case management.
2. Inquire of participants when the Ongoing Family Functioning Assessment begins:

    a. The Ongoing Family Functioning Assessment begins at the point that the CPI worker transfers a case to ongoing case management.

3. Key to completing the Ongoing Family Functioning Assessment and developing focused case plan outcomes is the ability of the CM to engage caregivers in the ongoing family functioning.
4. It is important that caregivers see themselves as having a stake in what happens to them and a say regarding how things will be addressed in the Case Plan.
5. A majority of the conversations during the ongoing family functioning assessment are concerned with having caregivers recognize and identify protective capacities associated with impending danger and seek areas of agreement regarding what must change to eliminate or reduce and sufficiently manage threats to child safety.
    a. We will be discussing this more in depth in the later sessions, in particular focusing on developing mutuality, recognizing self-determination, and developing discrepancy.





Ongoing Family Functioning Decisions

5 Minutes

Slide Purpose:

1. These slides are intended to remind the participants of the decisions associated with the ongoing family functioning assessment.

Exercise/Activity:

1. Review each slide one at a time.
2. Engage participants in discussion regarding the purpose of each question.
    a. Seek participant description regarding the Ongoing Family Functioning Decisions prior to providing the answer.

b. TRAINER NOTE: Reminder that this is a review, so solicit the participant involvement to provide the review to draw upon their own recall from training and experience.

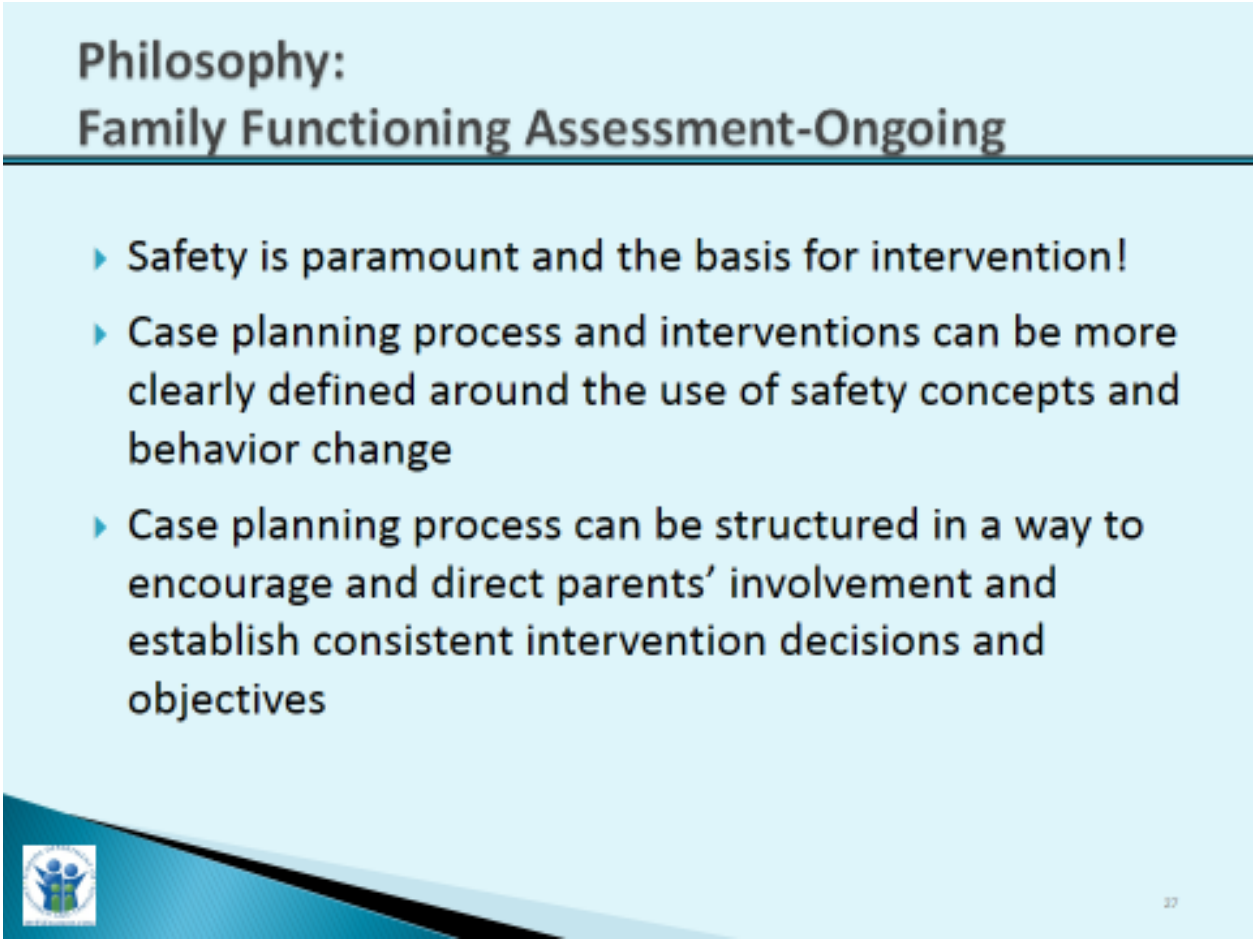
Trainer Notes and Narrative for Discussion:

1. **Are danger threats being managed?**
    a. This pertains to the active role of the case manager to ensure that the safety plan is being managed. Ensuring that each person who has a role in the safety plan is executing his or her duties to ensure child safety.
2. **How can existing protective capacities (strengths) be built upon to make changes**?
    a. This requires staff to identify and recognize that despite the family's current involvement with the agency that they have strengths that need to be identified and utilized to illicit the change in families. This requires that staff have a strengths based approach to working with families.
3. **What is the relationship between danger threats and diminished caregiver protective capacities—What must change?**
    a. This requires that staff understand and can conceptually apply the concepts of danger threats and caregiver protective capacities. Staff has to be able to identify the specific caregiver protective capacities that are related to the family conditions associated with the identified impending danger threats.
4. **What is the parent's perspective or awareness of their caregiver protective capacities?**
    a. This requires the core tenants associated with the family centered practice—family engagement in the change process. This may require that staff engage with families

regarding their self-awareness and work with families to elevate their awareness if needed.

5. **What are the child's needs and how are the parents meeting or not meeting those needs?**
    a. The agency has a responsibility to assure that the child's well-being is being addressed. For parents that are not meeting their child's needs, the agency must ensure that the needs are met. This requires the staff to assess the child's needs and the parent's ability to meet those needs.
6. **What are the parents ready and willing to work on in the case plan?**
    a. This requires the acknowledgement that the case plans that are developed are the family's plan, and as such their role and agreement to the outcomes is paramount. This also requires that the case manager understand the concept of the stages of change to be able to recognize what stage the parent may be in and work to engage families in outcomes that are specific, measurable, attainable, reasonable, and timely.
7. **What are the areas of disagreement in what needs to change?**
    a. As the case manager is aware of what parents are ready and willing to work on, they too must be aware of any disagreements regarding what must change and engage the family in the change process through use of their engagement skills.
8. **What strategy (case plan) will be used to assist in enhancing diminished caregiver protective capacities?**
    a. What will the case plan look like? What will the outcomes look like? How will we know when change has occurred? This requires the case plan to be SMART—specific, measurable, attainable, reasonable, and timely. This

requires the case manager to be creative in their strategies and target change at the specific caregiver protective capacities that were identified to be related to the impending danger.



Philosophy: Ongoing Family Functioning Assessment

5 Minutes

Slide Purpose:

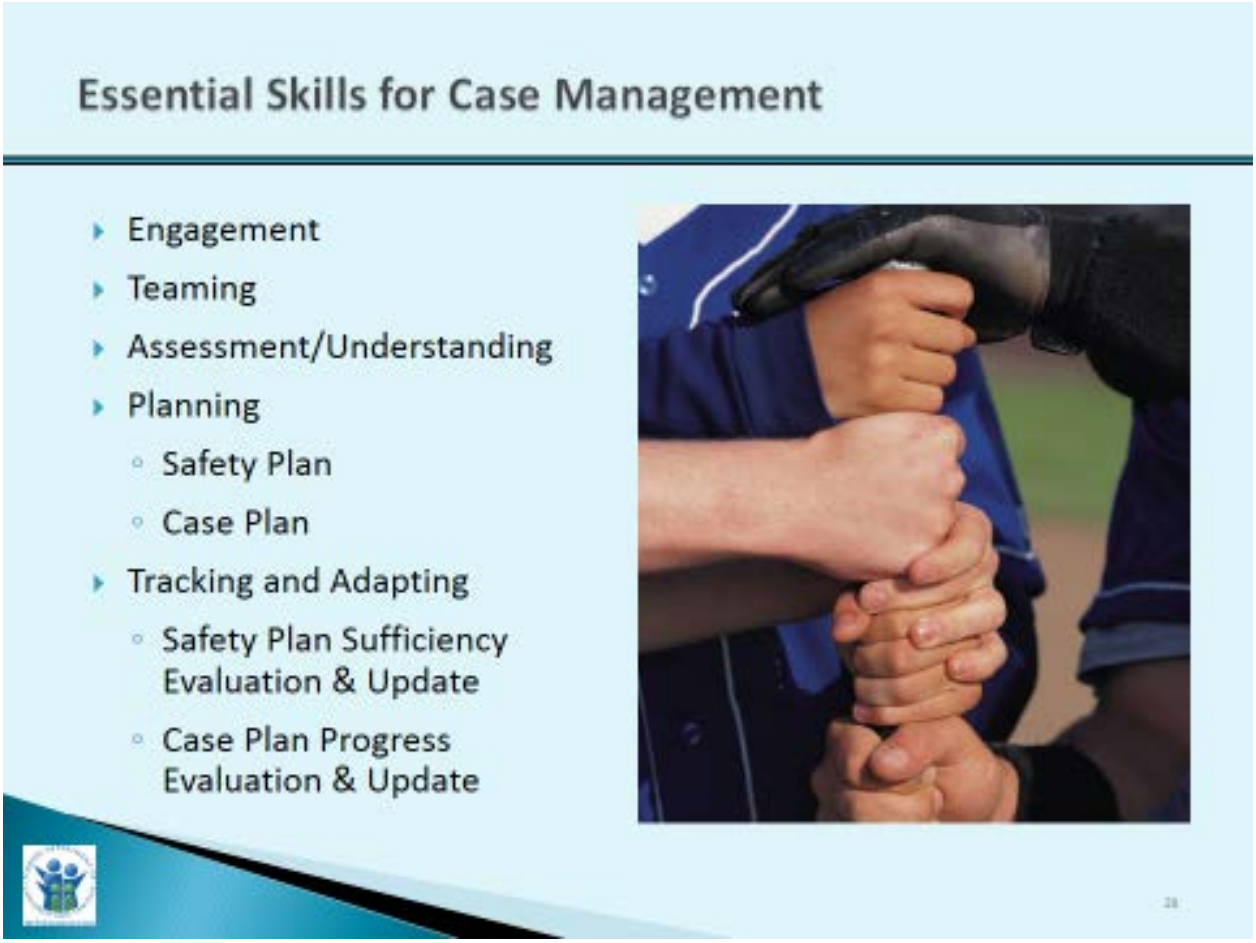
1. This slide is intended to communicate the mentality for the development of the ongoing family functioning assessment.

Trainer Narrative:

1. The Safety Decision Making Methodology seeks to promote a system of intervention (integration of Hotline Assessment, Family Functioning Assessment, Ongoing family functioning assessment, Case Plan development, and Case Plan Evaluation) that is fundamentally based on the application of safety concepts and criteria.
2. It is also intended to better define the work of ongoing case management and services by establishing a consistent concept of

change that can be used to focus the scope of intervention, define the purpose for change intervention, provide a structure for the change intervention process, and apply criteria and standards to practice and decision-making.

3. The following sessions will expand upon the foundational knowledge received at training and provide an opportunity for application of the ongoing family functioning assessment and Case Plan Development.
4. As CM, while our knowledge is critical to working with families, the use of our core skills is equally as important.
5. Transition to next slide.



Essential Skills of the Family Functioning Assessment: Case Manager

5 Minutes

Slide Purpose:

1. This slide is provided to inform participants of the essential knowledge and skills for case managers.

Trainer Narrative:

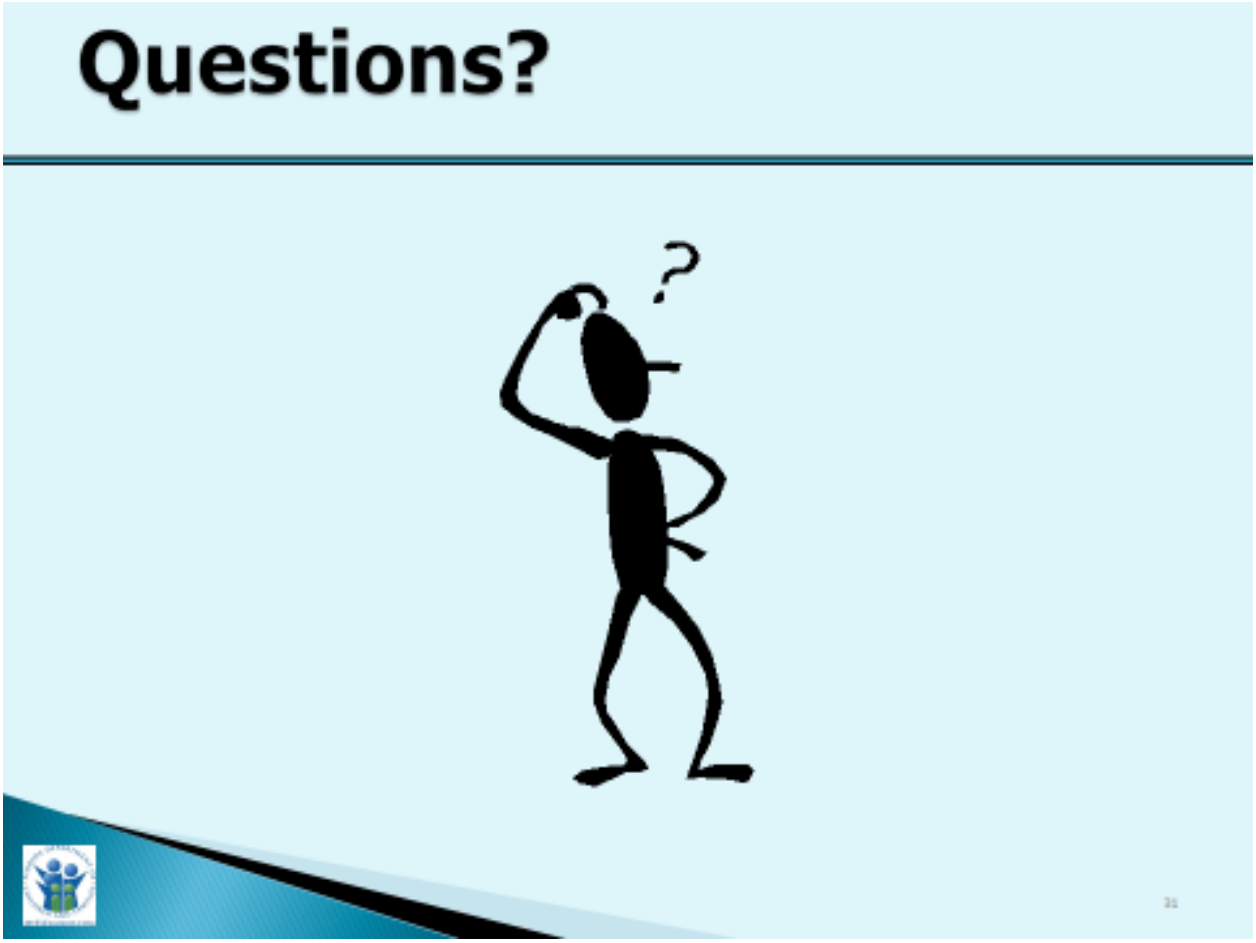
1. As case managers, we must be aware of the skills needed for ongoing case management.
2. There are three considerations in the understanding of the knowledge and skill necessary for the Case Manager.
3. (1) Understand that case managers **must** possess the knowledge and skill set to address the concepts that are fundamental to Safety Methodology, in particular:
    a. Knowledge of present and impending danger;

b. Knowledge of the purpose for present danger plans;
c. Knowledge of the purpose for safety plans;
d. The ability to develop and implement sufficient present danger plans and safety plans;
e. The ability to engage caregivers in conversations and conduct interviews, including phases of change;
f. Ability to collect sufficient information for decision-making;
g. Knowledge of the dynamics of child maltreatment;
h. Knowledge of and ability to identify diminished and enhanced protective capacities to inform case planning.

4. (2) The case manager must possess the skills associated with engaging families for change and the knowledge of the stages of change.
    a. This requires utilization of the essential skills: Engagement Skills and Identification of Family Needs, as we outlined in Module 3.
5. Lastly (3) The knowledge and application Ongoing FFA intervention standards for information collection.
    a. Knowledge and application of the caregiver protective capacity assessment for ongoing case management and the child needs assessment;
    b. Ability to develop specific, measurable, attainable, reasonable, and timely case plan outcomes to facilitate change.

Trainer Note:

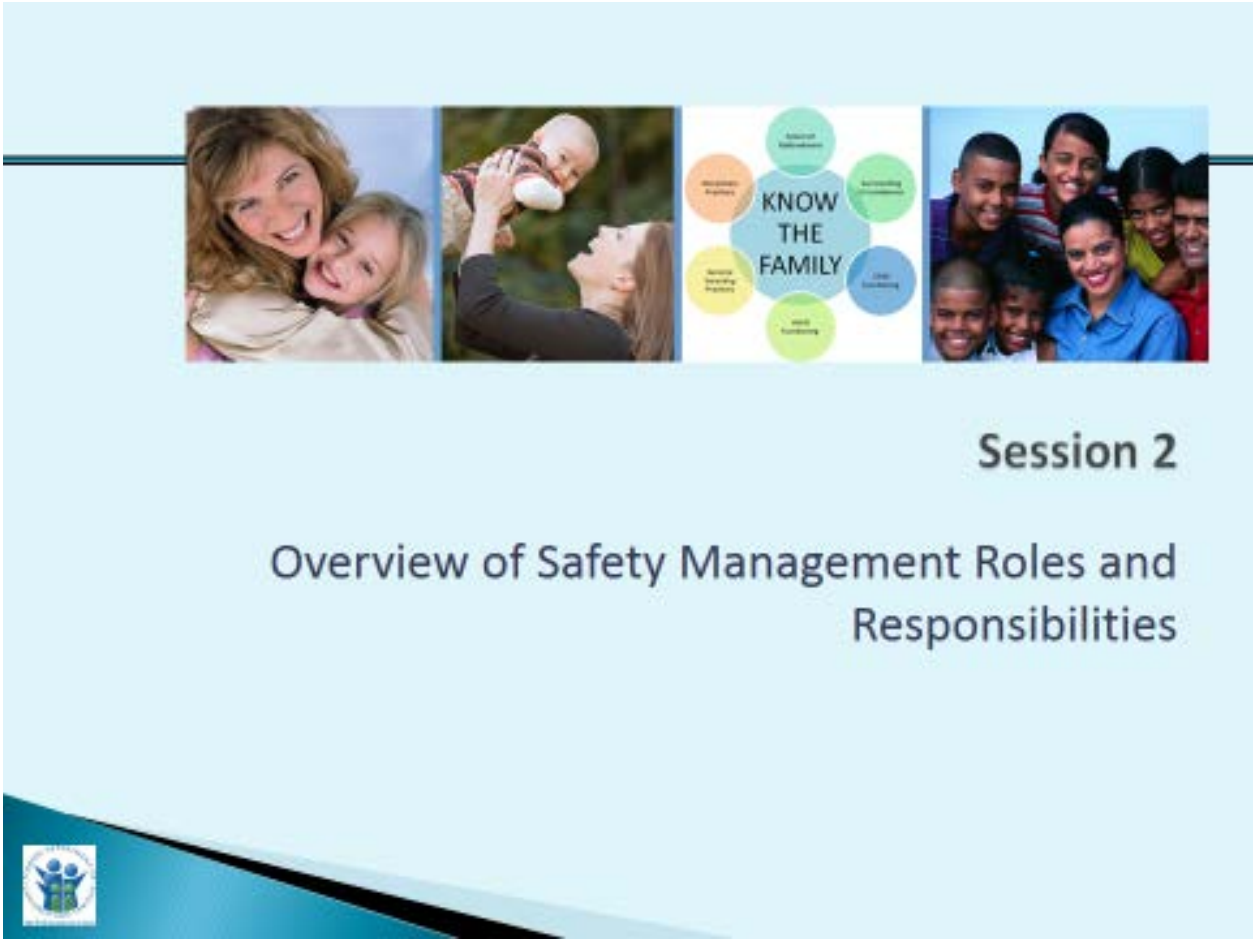
1. Transition to slide for questions.



Questions

Trainer Narrative:

1. Inquire of participants if they have any questions or comments.
    a. Clarify any questions or comments raised by the participants.
2. Provide participants, if time is appropriate, a 15 minute break before moving to Session 2.



Overview of Safety Management Roles and Responsibilities

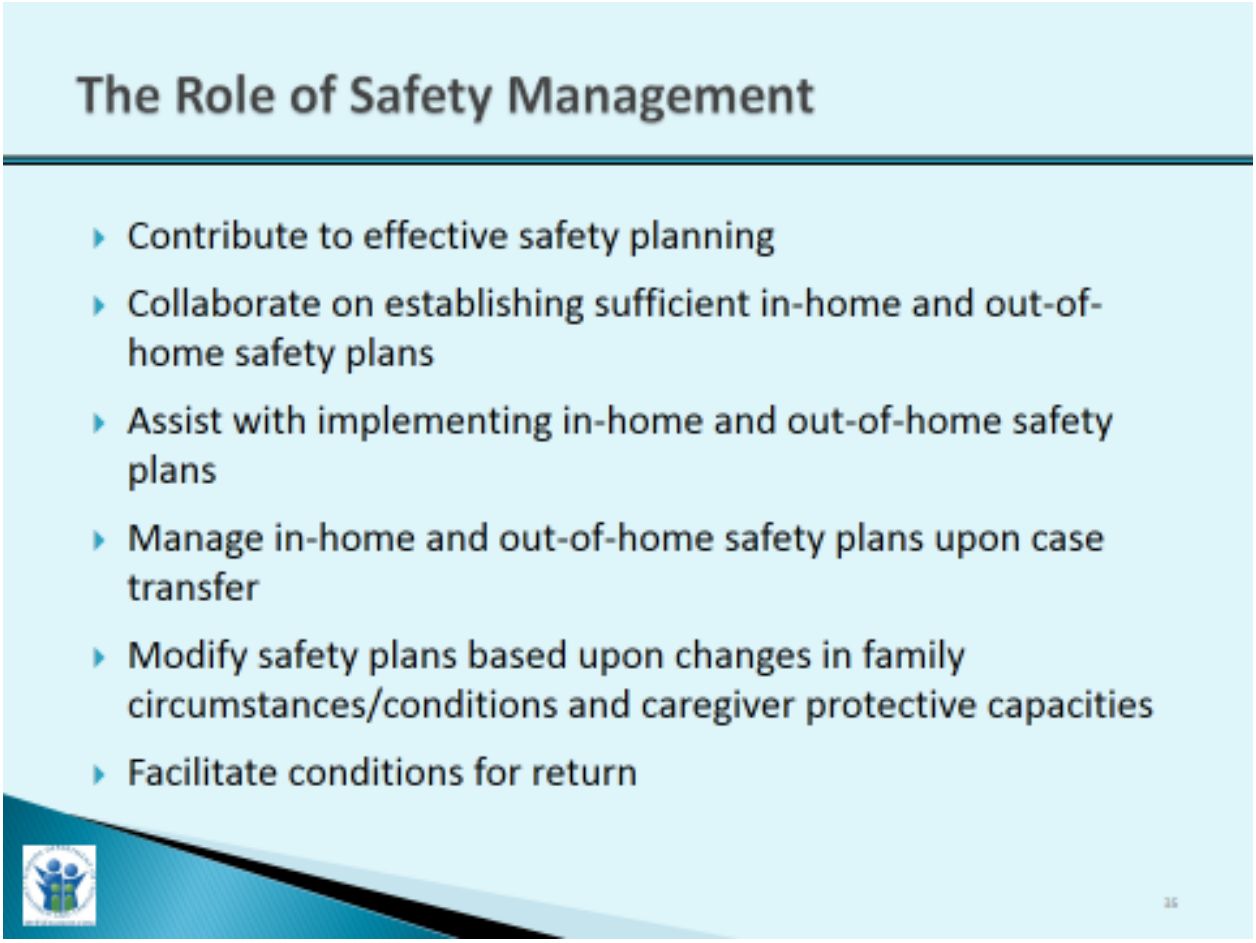
Session 2: 30 Minutes

Slide Purpose:

1. To provide an overview of Session 2.

Trainer Narrative:

1. Provide a brief overview of Session 2
2. Session 2 will focus on the role of the case manager as the primary manager of safety. This is what they must do to carry out the function of safety management.
3. Transition to next slide.



The Role of Safety Management

Slide Purpose:

1. This slide provides the summary of the role of the case manager in terms of safety management.

Trainer Narrative:

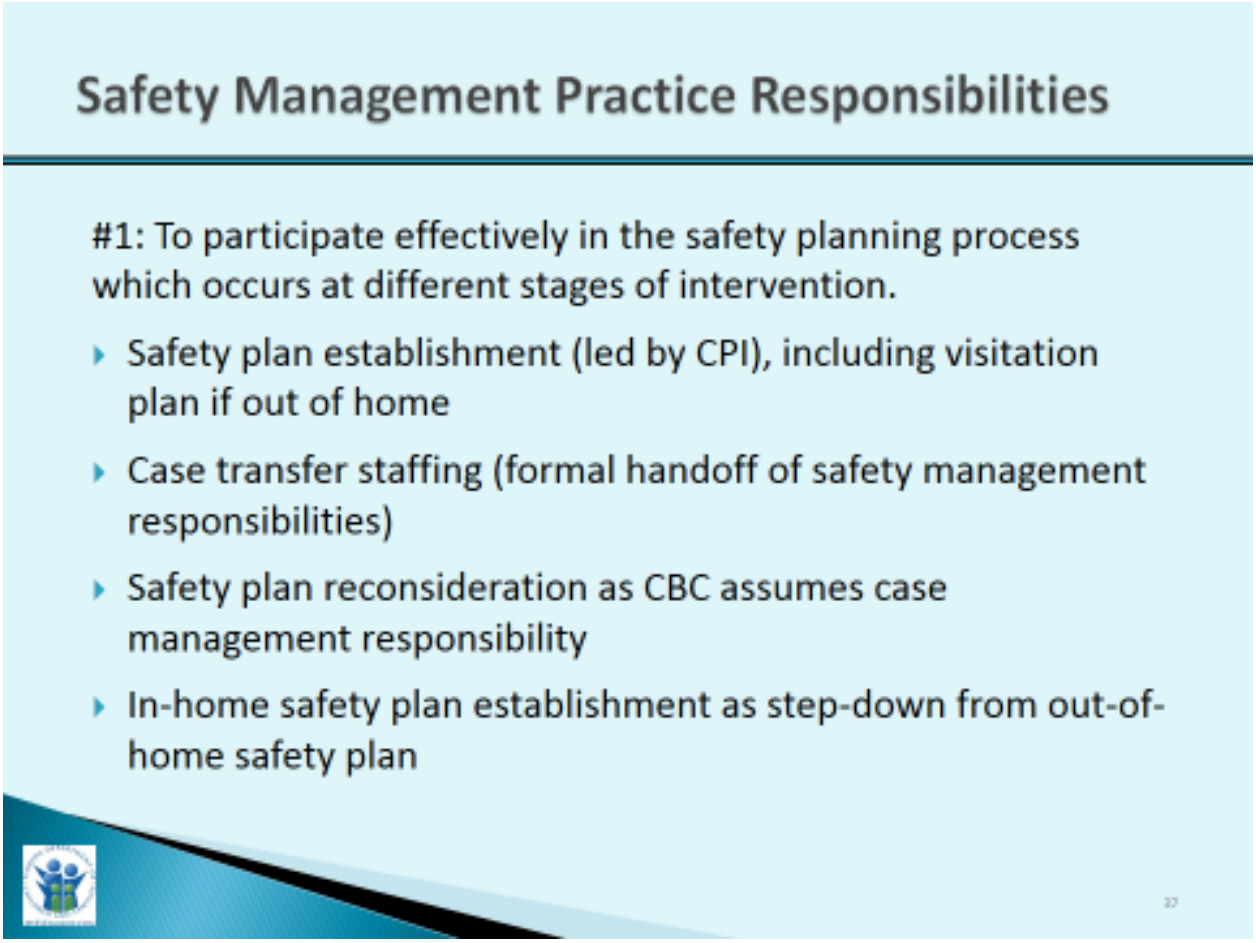
1. Safety management begins with the CPI and transfers to the CBC Case Manager. Depending on how each local area has it set-up, the function of safety management may be a shared function in the early days as the safety plan is established by the CPI and the CBC is brought in to assist, engage safety service providers, etc.
2. Emphasize that we are stressing the function of safety management because we are not talking about a title, but the role that must be

fulfilled. As we said, the role may be fulfilled initially by the CPI as they establish the safety plan, and then the function of safety management is transferred to the CBC case manager. At no time should there be a lack of clarity about who has the primary responsibility for safety management, whether the safety plan is an in-home or an out-of-home plan.

3. We are making the distinction between establishing the safety plan and implementing the plan because, again, there could be different people carrying out these steps, as CPI is likely to be the primary safety manager for establishing the plan, but implementing the plan is going to fall on the CBC case manager.
4. Safety management is an active function, it is not monitoring or passive observation. Modifying safety plans requires hands on observation and understanding of the way in which impending danger is manifesting in the family and sufficiency of the safety services which have been put in place. Safety plans may involve family members and other informal service providers as well as formal service providers so the safety management functions includes oversight of all of these safety plan members.
5. The established conditions for return are a key baseline to be used to inform and guide the determination of needed changes to any out-of-home safety plans.
6. Conditions for return establish what must exist in terms of family conditions and circumstances/behavior which will allow for a sufficient in-home safety plan to be established. Remember, this is not what it will take to reunify and close the case. The conditions for return must reflect a step-down from out of home placement to an in-home safety plan.
7. The role of safety management includes facilitating the case process to move towards reunification when the conditions for return have been achieved.

Trainer Note:

1. Remind them about safety plans …Safety plans are the agency's way of taking responsibility for child protection. This is a new way of practice for many where the safety plan may have been seen in the past as what the family does.
    a. Safety plans are not the caretakers' responsibility; they are the agency's, as a system, responsibility.
    b. Once a safety plan is put in place, the agency, as a system, assumes the oversight and substitute protector roles by working through others to assure child safety is managed in the household. And the system is the CPI and the CBC case manager working as partners to make safety plans, hand off safety management, communicate, coordinate, etc. That is the system of safety management.



Safety Management Practice Responsibilities

Slide Purpose:

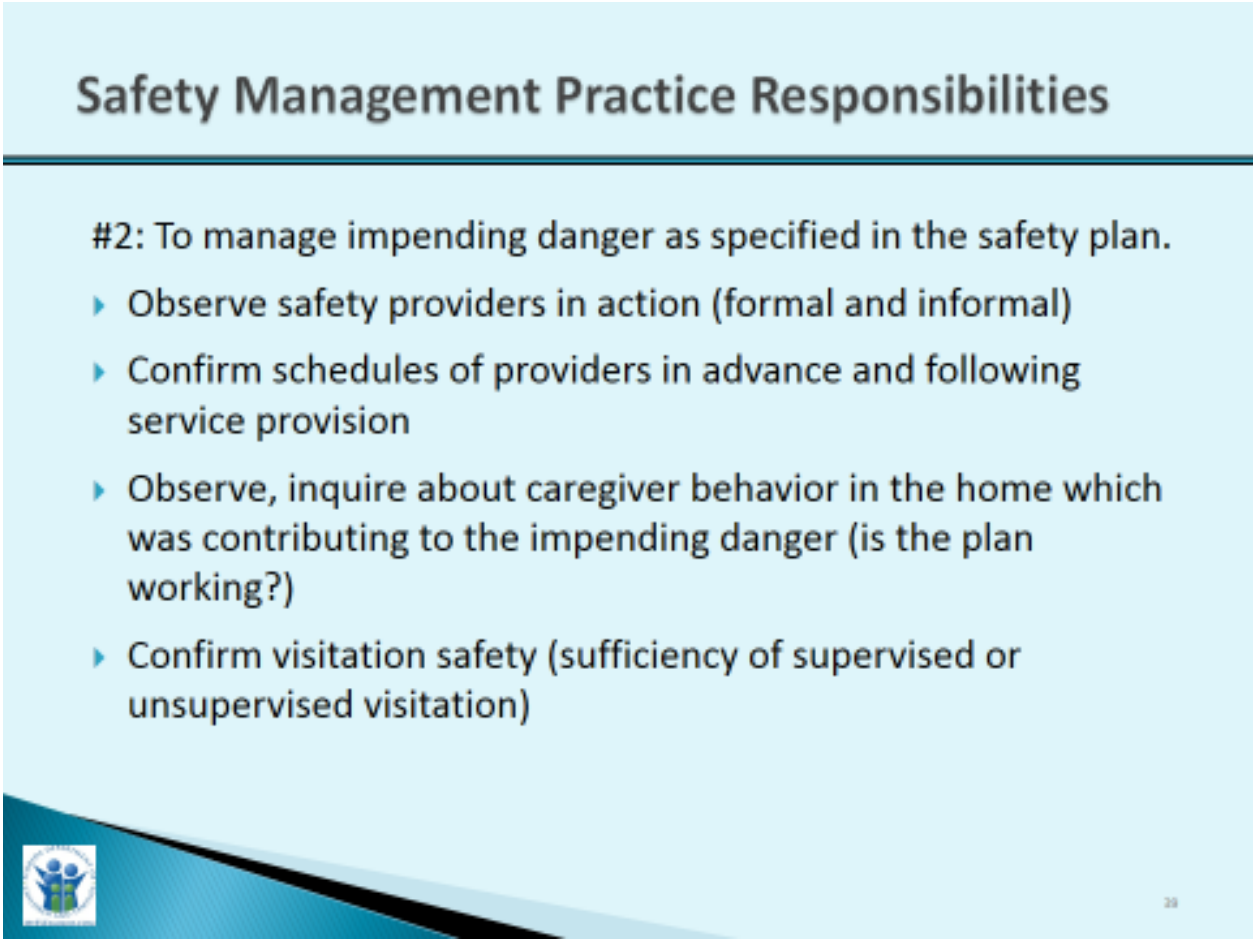
1. To provide the visual for the first of four slides related to safety management responsibilities.

Trainer Narrative:

1. The function of safety management begins at the point of the Investigation. Any case in which a child is determined to be unsafe requires the establishment of a safety plan, either in-home or out-of-home. This is safety plan establishment.
2. The case manager may become involved in the case at this point, but the formal transfer of safety management responsibility does not happen until the case is officially transferred (unless any local

agreement is made to assume safety management responsibility earlier).

3. Participating effectively in the safety planning process means:
    a. **Understanding the impending danger –** This means understanding the impending danger threats and how they are manifesting in this family. It also includes understanding the caregiver protective capacities that have been determined to be lacking and therefore warrant an agency-managed safety plan (in-home or out-of-home).
    b. **Determining how specific safety services control for impending danger –** The case manager may or may not have helped to create the safety plan, but they must know exactly who has what role in the plan. They must know the details of supervision or contact or any other element of the safety plan. This should all be detailed in the written safety plan and should be covered in detail with the family. (This may happen in a family team meeting or some other process).
    c. **Establishing a plan for communication and oversight of the safety plan –** This is the process that the case manager will establish to plan for frequency of communication with key members in the safety plan, plans for face to face contact to provide oversight of the safety plan. Again, the safety plan is not developed and filed, it is actively managed by the case manager. That is safety management.



Safety Management Practice Responsibilities

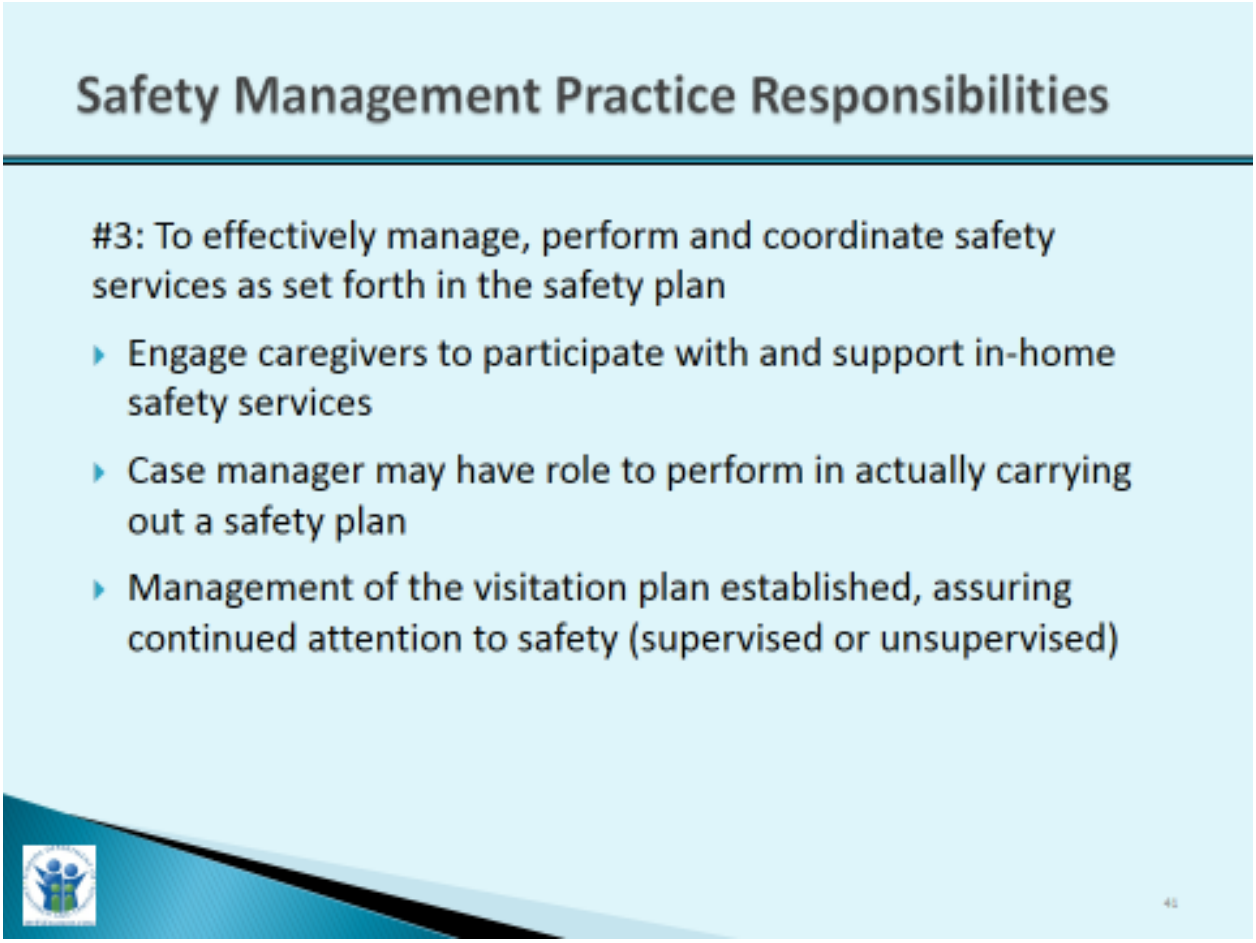
Slide Purpose:

1. To provide the visual for the second of four safety management responsibilities.

Trainer Narrative:

2. The safety plan details who is involved in the plan and what their responsibility is, at what frequency, etc. The case manager has the responsibility to assure that those who have a role are carrying out their role as intended.
3. Effective safety plan management requires face to face visits with those carrying out the plan to observe their capacity and confirm their ability to meet the requirements of the plan.

5. The bottom-line question here is “Is the plan working?” Is impending danger being controlled so that the child or children are not continuing to be maltreated? The case manager must not assume that it is working if they don’t hear otherwise. The case manager must ask children, observe the home, ask formal and informal providers. All of these are potential sources of information to confirm that the plan is working as intended.
6. Visitation management is also an active process, not a passive process. It involves confirming the quality and consistency of visitation, with an obvious emphasis on safety (no impending danger manifesting at visitation).



Safety Management Practice Responsibilities

Slide Purpose:

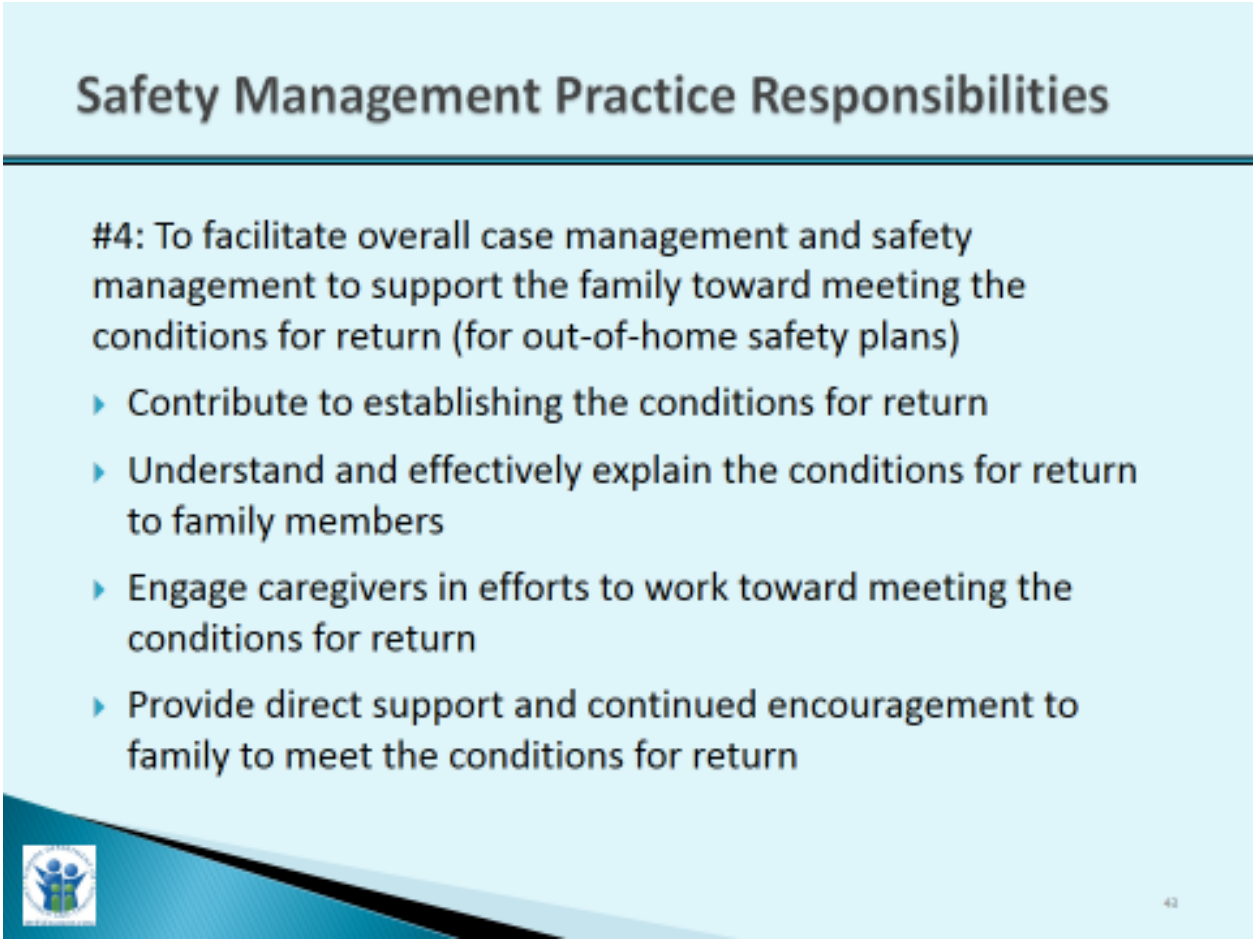
1. To provide the visual for the third of four safety management responsibilities.

Trainer Narrative:

1. The foundation of a safety plan is the person or persons providing the safety services. The establishment of the plan includes the consideration of caregiver willingness to allow in-home safety services providers, both formal and informal. An initial willingness on the part of a caregiver to allow for and participate in in-home safety services is just that, it is an initial indication. The case manager must assure that this ongoing willingness continues and the safety providers have access to the home and the ability to

supervise or provide services as defined in the plan. The case manager takes an active role in discussing the safety plan with the caregiver, discussing who is in the home, the schedule, how the caregiver is engaging with the provider(s), how the child is reacting to the provider(s) in the home, etc.

2. A case manager may have a service provider role in a safety plan. In fact, serving a role in a safety plan can allow for in-home contact to observe and carry out general case management functions. The level of involvement obviously must be considered in light of overall workload, but it should not be seen as an impossible feat given that it can serve multiple purposes such as information collection for the Ongoing FFA, an opportunity to observe in the home and it can be effective and meaningful even if it is only a one hour per week visit as part of a safety plan.
3. Visitation management is an aspect of safety management. Remember, the visitation arrangements must reflect an understanding of impending danger, and should be reflected in the supervised or unsupervised visitation plan which has been established.



Safety Management Practice Responsibilities

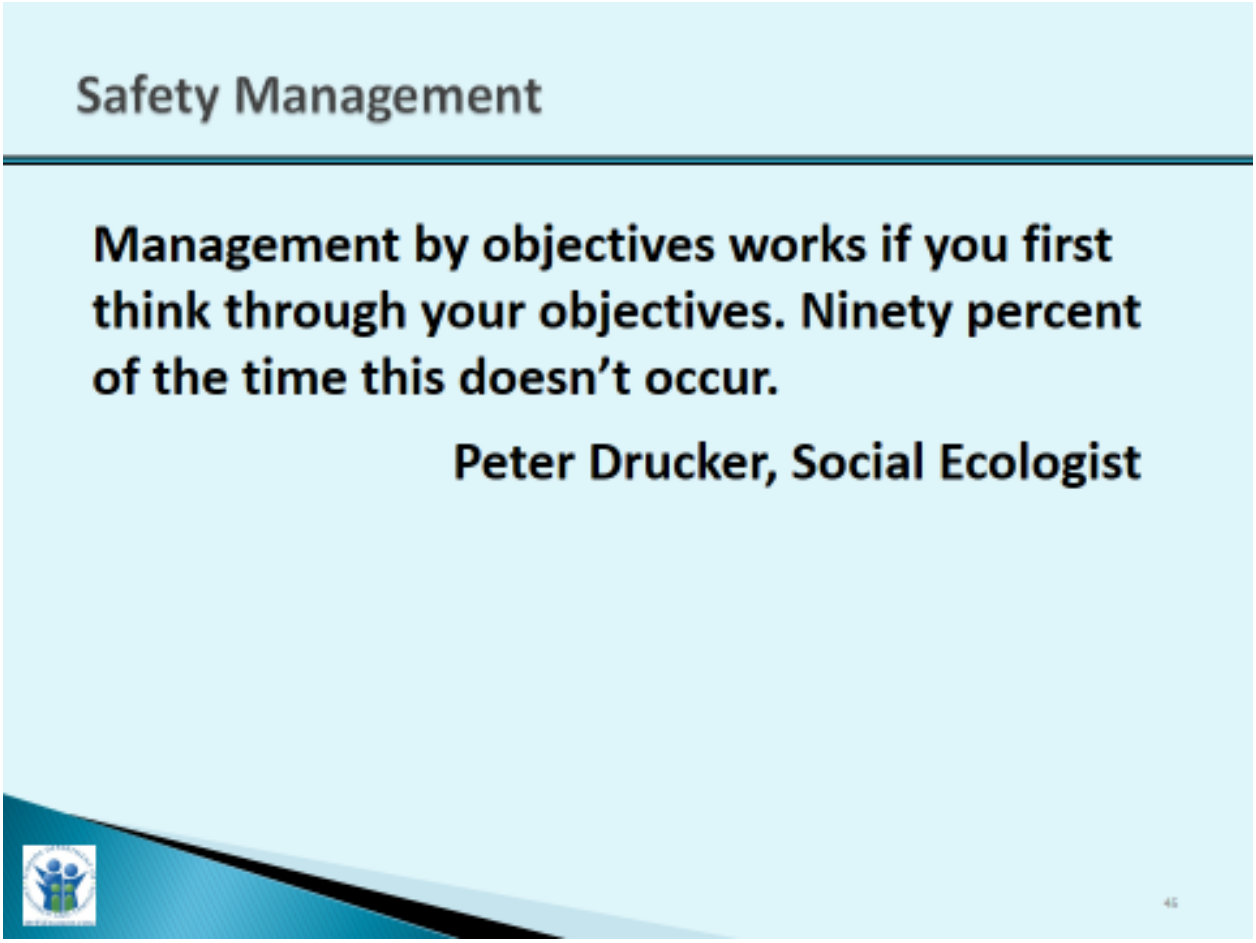
Slide Purpose:

1. To provide the visual for the fourth and final slide related to safety management responsibilities.

Trainer Narrative:

1. The case manager has a key role in assisting the family to meet the requirements of the established conditions for return. It is ideal if the case manager has a role in establishing those conditions for return. If this can be done in a collaborative way with the CPI, the family and the case manager that is great because it allows all parties to have a shared understanding of the conditions and it allows all parties to have input in defining those conditions.

2. Conditions for return are behavioral conditions and/or family circumstances which must exist in order for an in-home safety plan to be sufficient. Caregivers must understand the exact requirements, what they must do in order for the conditions to be satisfied. The caregiver has a role in explaining these conditions so that the caregiver(s) understand(s) the expectations.
3. Beyond understanding the conditions for return, caregivers must be assisted to take action to achieve the conditions for return. This is where safety management and change management likely have cross-over. Change management is focused on enhancing caregiver protective capacity. Conditions for return likely include some change in caregiver protective capacity, change that is sufficient to support the establishment of an in-home safety plan. This is not to say that complete achievement of all lacking caregiver protective capacities is needed in order to meet conditions for return. Every family will have an individualized set of conditions for return and those will dictate the priority for working with the family in order to move toward reunification with an in-home safety plan.
4. The case manager directly supports the family to work toward the conditions for return by managing safety services and change services. The case manager must also work effectively with the court to communicate progress toward achievement of the conditions for return. The case manager serves as an encourager and advocate for the family in order to support their achievement of the conditions for return.



Slide Purpose:

1. To provide a visual for the quote by Peter Drucker.

Trainer Narrative:

1. The point to make here is that our first step should always be establishing our objectives. Many times we dive in without clearly establishing objectives and then it is much more likely that we are less clear about what we are trying to accomplish. In this work we want to be very clear that we have objective related to safety management and separate objectives related to change management.

Characteristics of Safety Management

Slide Purpose:

1. To provide the visual for the discussion of the importance of having clearly defined objectives for safety management, and for examining the characteristics of effective safety management.

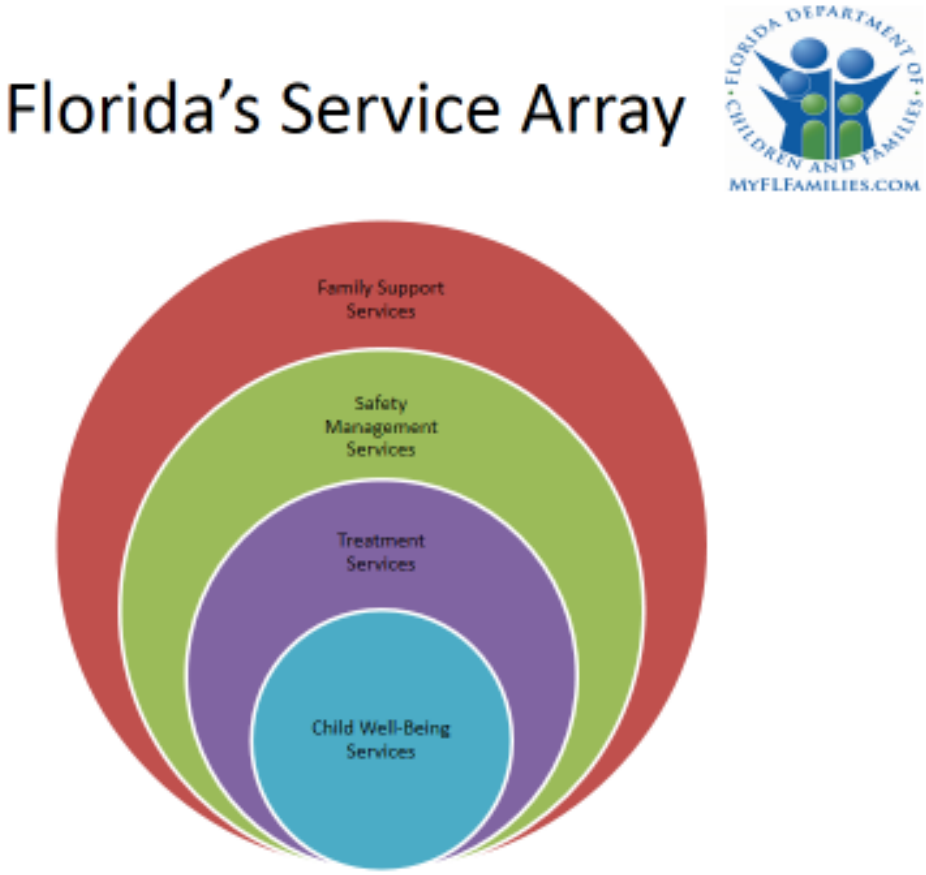
Trainer Narrative:

1. Intervention – safety management is a controlling intervention - An intervention is a combination of program elements or strategies designed to control the impending danger. As an intervention it is an intrusion into the life of the family in order to substitute for lacking caregiver protective capacity. A key part of the intervention process is the facilitation of a process to support the enhancement of caregiver protective capacities. This is the point at

which safety management and change management have a shared focus.

2. Provisional/Conditional – safety management is adjustable, changing as needed.
3. Action oriented – safety management is not passive observation, but planned activity and actions. Safety plans are action plans not promises of action.
4. Dynamic – this means the safety plan is constantly changing based upon progress or change. Dynamic safety management is responsive.
5. Organized – effective safety management is not spontaneous or stimulated by daily or weekly occurrences; it is planned, controlled, structures and well defined in terms of activities and assigned responsibilities. These are all set forth in safety plans.
6. Proactive – active safety management is alert to family circumstances and conditions which may necessitate changes to the safety plan. This is proactive, talking to key safety plan members, observing family conditions and discussing them, gathering information from safety service providers.
7. Directed – safety management is focused, very specific and directed by the impending danger which required the creation of the plan.
8. Regulated – the written safety plan is the source of regulation, in addition to the knowledge, skills, attitudes and standards associated with the safety methodology.
9. In summary: Safety management is concerned with controlling danger and threats of danger only – not changing family functioning or circumstances. Safety management is provisional. Provisional safety management refers to specific plans, arrangements and actions taken during Permanency and In-Home Services at the immediate time of concern, based on the presence

of threats to child safety and the absence of sufficient Caregiver Protective Capacities to ensure protection. Provisional safety management ensures that the question of Child Safety and Caregiver Protective Capacity always remains in the forefront. It promotes the concept that Child Safety and Caregiver Protective Capacity possess potential for improvement, thus requiring different safety management responses. For safety management to be provisional, it must be a dynamic. It is self-motivated, lively and active by: a) focusing on the basis of the Impending Danger; b) considering ways to deploy Caregiver Protective Capacities; c) considering ways to deploy CPI and Case Managers; d) seeking out resource contributions within the family network; and e) being constantly open to adjusting the level of effort in safety plans in order to meet obvious safety needs of a child. Provisional safety management is conditional based on the conditions within the family associated with child safety. Provisional safety management is caregiver-centered so that caregivers can participate in all aspects of safety planning and safety management. Provisional safety management employs the least intrusive measures necessary to ensure a child is protected. Provisional safety management is <u>not</u> voluntary. If a child is believed to be in Impending Danger there is no choice but to petition the court to protect him. The standards for provisional safety management are: vigilance, promptness, alertness, diligence and timeliness.



Florida's Service Array

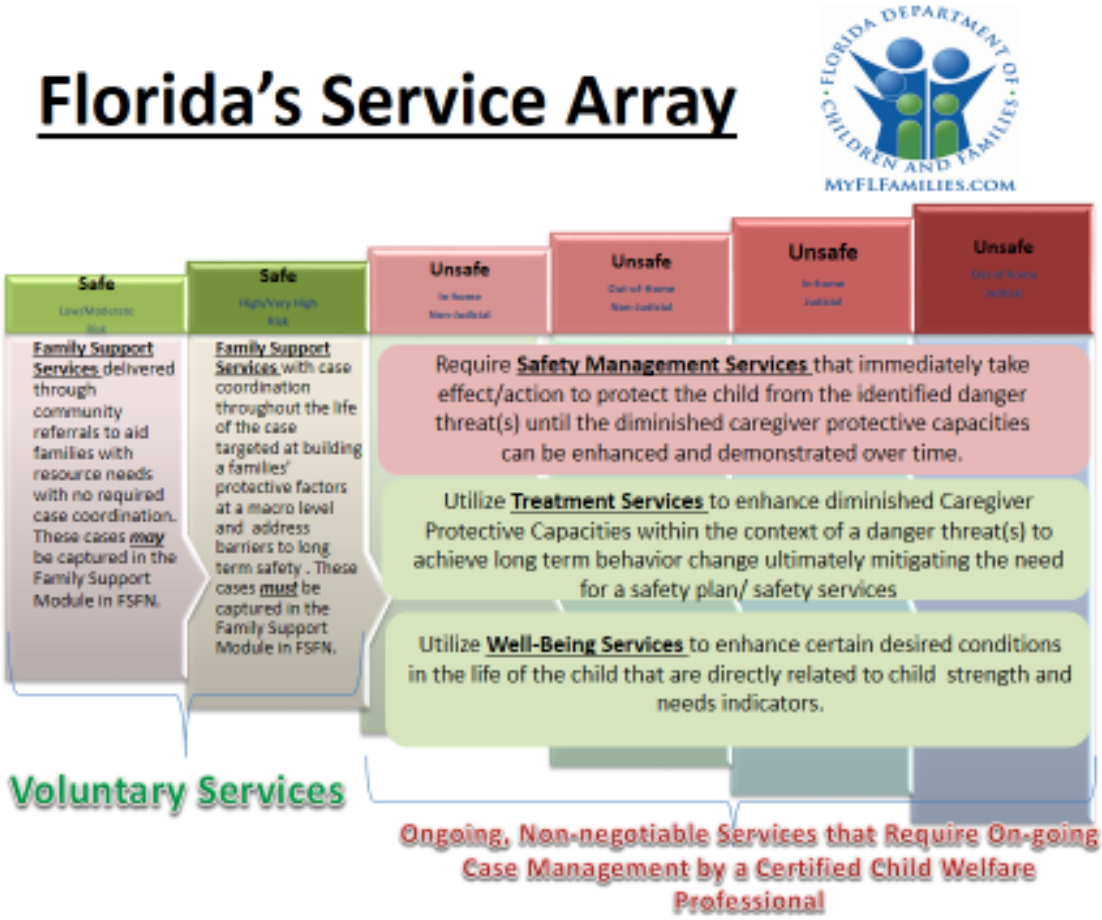
Slide Purpose:

1. To provide the visual for the discussion of Florida's Service Array.

Trainer Narrative:

1. The following set of three slides are presented here with the permission of OCW. These slides help us to visually see the larger service array and place the function of safety management within the larger service array.

2. Transition to the next slide



Florida's Service Array

Slide Purpose:

1. To provide the visual for the discussion of Florida's Service Array.

Trainer Narrative:

1. This slide shows the continuum of the service array which goes from safe to unsafe. At the far left we have families in which children have been determined to be safe, they may receive voluntary services, family support services which are offered through community referrals, or through coordinated services at a macro level which help families to build their protective factors.
2. As we move into the unsafe cases, we differentiate between cases which are unsafe and non-judicial and cases which are unsafe and judicial.

3. In all of these unsafe case types we have a combination of safety management services which immediately take effect/action to protect the child from the identified danger threat(s) until the diminished caregiver protective capacities can be enhanced and demonstrated over time.
4. In addition we have treatment services which meet our objective of change management; again focusing on the diminished Caregiver Protective Capacities but with a focus on the long term behavior change which ultimately mitigates the need for a safety plan and safety services.
5. Finally, we have well-being services which are geared toward the child and directly impact the child's strengths and needs.
6. Transition to the next slide.

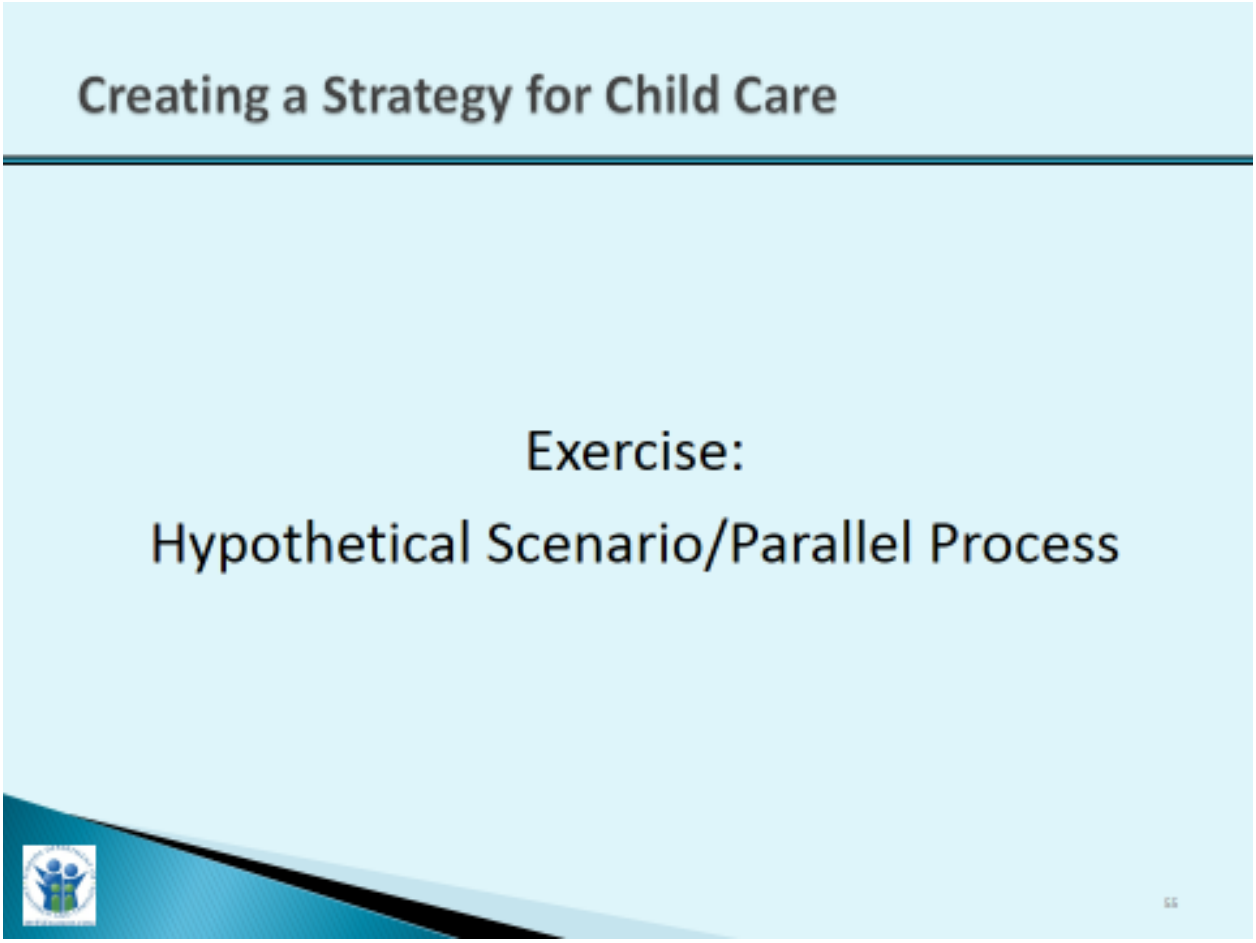
Florida's Service Array

Slide Purpose:

1. To provide the visual for the discussion of Florida's Service Array.

Trainer Narrative:

1. This slide is simply a different visual of the four types of services in the Florida Service Array.
2. Emphasize that the focus for this training workshop is on safety management services, but the way in which the services complement each other is important to understand.



Exercise

Slide Purpose:

1. To provide the visual for the exercise to begin to de-mystify the safety management process.

Trainer Narrative:

1. Refer participants to the handout in their Participant Guide entitled **Safety Management Parallel Process, Creating a Child Care Strategy, A Hypothetical Exercise**
2. We are going to begin this session by doing an exercise that is based on a hypothetical scenario.
3. One reason for doing this exercise is to build upon knowledge that participants already have related to Safety Planning, and to further

de-mystify, and perhaps make more concrete, Safety Planning and Safety Management.

4. Break participants up into a couple of small practice groups; if the training group is very small, consider approaching the exercise with the whole training group.
5. Review the instructions.
6. Allow 30 minutes for participants to complete the exercise.
7. Debriefing – 15 minutes
8. Ask for responses for questions associated with the parent. Include consideration of feelings that the parent might have felt, challenges faced, obstacles, opportunities, etc.
9. Ask for responses related to what is considered in the added dimension to the scenario about the person who is available to help the mother figure out, what can be done to keep her child cared for and protected.
10. Conduct a brief general discussion about the common day aspects of this experience; the logic of problem solving; the need for support and assistance for a motivated caring mother, etc.
11. The point here, of course, is that Safety Management and the Case Manager's responsibilities are not a far stretch from what is called for and required in very common day to day scenarios. What is demonstrated can be considered to be a parallel process, as the participants experience how the challenge of keeping their child safe exists, in many respects, in parallel to what caregivers involved with DCF and CPI/Case Managers responsible for Safety Plans experience. Thus, the title of the handout.

Safety Management Parallel Process

Creating a Child Care Strategy

A Hypothetical Exercise

Instructions:

Read the scenario below. After reading the hypothetical situation, proceed in working with your practice group to come up with a strategy/plan for ensuring that "your child" as identified in the scenario will be sufficiently cared for during the period of time that you are unable to consistently provide for his care and supervision. For this exercise, each of you should consider your situation as the same as for the parent described in the scenario. Together, brainstorm and discuss potential practical options for creating and establishing a plan (or plans) for child care for your child.

Scenario:

You are a single parent of a three-year-old boy. Your work week varies from half time to ¾ time; you receive supplemental assistance; when necessary you have access to a day care option.

A month ago you started feeling increasingly fatigued. As the days progressed, you have become increasingly tired to the point of exhaustion. You eventually reached the point where you have needed to call in sick. As the physical exhaustion started to become more debilitating, you have also become emotionally immobilized and depressed. As a result, you have become much less responsive to your child, and are having difficulty staying on top of his care.

You have gone to the doctor already, with limited results. You are now not only having trouble caring for yourself and your child, but you are frustrated and demoralized. You have been referred to a specialist and it has been determined by the specialist and your doctor that due to the severity of this recent medical condition, it is going to be a few months until you are feeling up to par. Due to this illness, you are generally unable to <u>consistently</u> attend to primary and essential parenting responsibilities on your own (i.e. feeding, bathing, dressing, supervision, structure, etc.). There are periods during the day when you are more active and have more energy, generally the first few hours of the morning. By noon, your attentiveness drops off significantly, requiring you to sometimes lie down for an hour or two, at which point you regain some limited independent capability.

Part I: Creating a Plan for Child Care:

Limitations:

- <u>You cannot have someone move into your home on a full time basis.</u>
- <u>You cannot send your child to live with someone else while you are receiving treatment.</u>

In considering the scenario, what essentially needs to be controlled for or managed with respect to the care of the child?

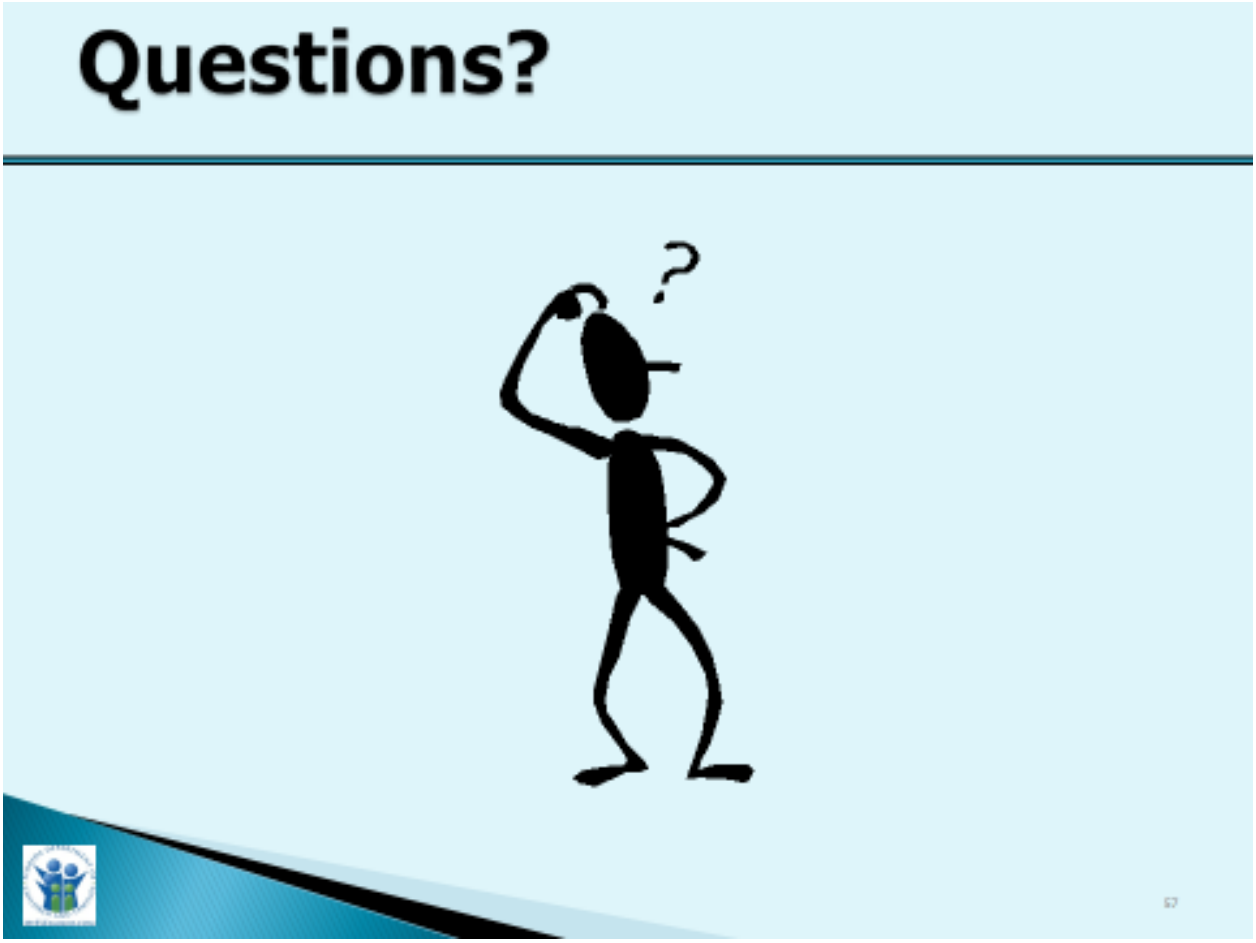
What actions would need to be taken to take control of the situation and when would these actions be required?

Who and/or what resources are available to participate in doing what is required?

Part II. Addition to Scenario

You are not the person who has the medical condition BUT you have been given the charge to actively assist in helping to directly manage the plan as well as have responsibility for a specific action/ service identified in the plan.

In assisting in directing and managing the plan, what issues are most important to take into account and stay on top of; what conversations would you initiate with the parent (with the medical condition) or others involved in the plan?



Questions

Slide Purpose:

1. This slide is intended to provide an opportunity for participants to ask questions and/or seek clarification.

Trainer Narrative:

1. Inquire of participants if they have any questions regarding the review or about any information we have covered thus far.
2. Answer any questions and/or provide any clarification as needed.
3. Transition to next slide.

Safety Categories/Objectives

Session 3

Slide Purpose:

1. To provide an overview of Session 3.

Trainer Narrative:

1. This session will move us into thinking about safety services in terms of objectives. This is important because the objective of the safety service must be a direct match to the need identified in the identification of impending danger.

Safety Categories

Slide Purpose:

1. To provide a visual for the discussion of safety categories.

Trainer Narrative:

1. There are five safety categories which we use to help us organize and simplify our thinking. Each of these categories represents an objective of a safety plan. And the objective is directly related to the Impending Danger in the case. For example, if the Impending Danger threat identified is that a person is violent or out of control, the safety objective is behavior management, so the Safety Category is Behavior Management. If the Impending Danger is that a parent is not providing basic care to a child in terms of food and shelter, the objective could be to provide basic resources, so

the Safety Category would be Resource Support.

2. An easy way to think of the Safety Categories is to think of how we write objectives…we use the word to…the objective is to control the behavior, the objective is to separate the child and the parent, the objective is to help them with their crisis….each of these then translates into a Safety Category.
3. We will look at these categories in more depth shortly when we look at our resource material.

Safety Services/Objectives

Slide Purpose:

1. To provide a visual for the discussion of safety services.

Trainer Narrative:

1. This slide is on **page 35** in the participant guide.

2. Review the definition of Safety Services and go through the criteria identified on the slide. Ask participants what comes to mind regarding these criteria. Explain to increase understanding.

- Immediate Effect – the Safety Category or objective of the Safety Plan must be addressed immediately upon the Safety Plan being put in place; Safety Services must immediately attend to and attain what they are expected to do at the time of delivery, and with respect to accomplishing the objective of the Safety Plan. In

practice terms, if a Safety Plan is set up to begin this week on Thursday, then what is planned must occur on Thursday, and what is planned must work in relationship to the Safety Category/objective of the Safety Plan.

- Immediately Available – this refers to Safety Services and Safety Service Providers; what is required for the Safety Plan and how it is delivered must be immediately available; "immediate" is qualified by what is specified in the Safety Plan; in practical terms, if a home-maker is supposed to be in the home delivering a Safety Service today, then "immediate" means today. Available includes such things as being obtainable, existing in the quantity required, free to get done what must be done, void of competition for time or effort on other duties, able to respond according to frequency, duration and duties as required by the Safety Plan.

- Accessible as Required – although similar to Immediately Available, there are differences to be emphasized; accessible means to be in close proximity to the caregiver; responsive in accordance to what is planned, and specifically to what could occur that is unplanned; reachable in terms of communication and responsiveness.

- Logical – this is related to Impending Danger and the Safety Categories that are associated with a Safety Plan; there must be a logical fit between what Safety Services are selected and what the services are intended to achieve, and how Impending Danger is occurring in a family and what the objectives of the Safety Plan are; this gets to the common-sense standard – that is to say, that a layperson can understand how a particular Safety Service is expected to manage a particular behavior.

3. Field questions as necessary.

Safety Planning and Management

Slide Purpose:

1. To provide a visual for the discussion of safety planning and management.

Trainer Narrative:

1. This slide is on **page 36** in the participant guide.
2. Discuss the relationship. Remember earlier the quote about management based on objectives. That quote is applicable for this slide with respect to being focused by purpose and objectives.
3. First and foremost, developing sufficient Safety Plans which results in effective Safety Management requires very thorough

deliberation and understanding of Impending Danger as a concept, and how Impending Danger is occurring in cases. The purpose for controlling Impending Danger requires thinking about what behavior, intention, motivation, emotion, attitude, perception, or situation is threatening to a child's safety. That thinking must translate into understanding of the dynamics of the Impending Danger (the threats) with respect to occurrence – think about the occurrence of a threat by considering such areas as why, how, when, stimulation, circumstances, duration, intensity, etc. One must breakdown Impending Danger occurrence using these sorts of assessment areas in order to understand and know what must be controlled/managed.

4. Based on the understanding of what must be controlled/managed, you can then think about the Safety Categories or the objectives for the Safety Plan. In other words, what are the objectives of the Safety Plan based on what must be dealt with and addressed to ensure safety?

5. Once the objective(s) have been determined (i.e. to manage behavior or socially connect with someone), then you can proceed in thinking creatively about the specific actions, activities, etc. within a Safety Category to achieve the Safety Plan objective – the Safety Services.

6. Refer participants to the handout *Safety Categories/Objectives and Associated Safety Services,* located on **pages 37-41** in the participant guide.

7. Provide for 10 minutes to read the handout. Encourage participants to jot down any questions that they may have about Safety Categories and Safety Services.

8. Field questions.

9. Have participants return to the hypothetical exercise. One of the questions in the exercise ask participants to identify what must be controlled/ managed. Have them revise their response(s) based upon what they now know about Safety Categories and Safety Services.

    a. Ask participants to reconsider their strategy/ plan for child care.

    b. What Safety Categories (objectives) are consistent with what they identified on the plan?

    c. What were the Safety Services (specific actions) that were associated with those Safety Categories?

Safety Categories/Objectives and Associated Safety Services

Safety Category and Safety Service: Behavior Management

Behavior Management is concerned with applying actions (activities, arrangements, services, etc.) that control caregiver behavior that is a threat to a child's safety. While behavior may be influenced by physical or emotional health, reaction to stress, impulsiveness or poor self-control, anger, motives, and perceptions and attitudes, the purpose of this action is only to control the behavior. This action is concerned with aggressive behavior, passive behavior, or the absence of behavior – any of which threatens a child's safety.

Safety Service: Supervision and Monitoring

Supervision and Monitoring is the most common Safety Service in safety intervention. It is concerned with caregiver behavior; children's conditions; the home setting; and the implementation of the In-Home Safety Plan. You oversee people and the plan to manage safety.

Safety Service: Stress Reduction

Stress Reduction is concerned with identifying and addressing stressors occurring in the caregiver's daily experience and family life that can influence or prompt behavior that the In-Home Safety Plan is designed to manage.

Stress reduction as a Safety Service is not the same as stress management which has more treatment implications. Your responsibility has to do primarily with considering, with the caregiver, things that can be done to reduce the stress the caregiver is experiencing. Certainly, this can involve how the caregiver manages or mismanages stress; however, if coping is a profound dynamic in the caregiver's functioning and life, then planned change is indicated and that is a Permanency or In-Home Service planned change concern.

Safety Service: Behavior Modification

As you likely know, Behavior Modification, as a treatment modality, is concerned with the direct changing of unwanted behavior by means of biofeedback or conditioning. As you also know your responsibility as a Safety Manager is not concerned with changing behavior. And, you know that the Safety Category being considered here is Behavior Management. Safety intervention uses the terms Behavior Modification differently than its use as a treatment modality. Behavior Modification as a Safety Service is concerned with monitoring and seeking to influence behavior that is associated with Impending Danger and is the focus of an In-Home Safety Plan. Think of this Safety Service as attempting to limit and regulate caregiver behavior in relationship to what is required in the In-Home Safety Plan. Modification is concerned with

influencing caregiver behavior: a) to encourage acceptance and participation in the In-Home Safety Plan, and b) to ensure effective implementation of the In-Home Safety Plan.

Safety Category and Safety Service: Crisis Management

Crisis is a perception or experience of an event or situation as horrible; threatening; or disorganizing. The event or situation overwhelms the caregiver's and family members' emotions, abilities, resources, and problem solving. A crisis for the families you serve is not necessarily a traumatic situation or event in actuality. A crisis is the caregiver's or family members' perception and reaction to whatever is happening at a particular time. In this sense, you know that many caregivers and families appear to live in a constant state of crisis because they experience and perceive most things happening their lives as threatening, overwhelming, horrible events and situations over which they have little or no control.

Keep in mind, with respect to Safety Management, a crisis is an acute, here-and-now matter to be dealt with so that the Impending Danger is controlled and the requirements of the In-Home Safety Plan continue to be carried out.

The purposes of Crisis Management are crisis resolution and prompt problem solving in order to control Impending Danger. Crisis Management is specifically concerned with intervening to:

- Bring a halt to a crisis.
- Mobilize problem solving.
- Control Impending Danger.
- Reinforce caregiver participation in the In-Home Safety Plan.
- Avoid disruption of the In-Home Safety Plan.

Safety Category and Safety Service: Social Connection

Social Connection is concerned with Impending Danger that exists in association with or influenced by caregivers feeling or actually being disconnected from others. The actual or perceived isolation results in non-productive and non-protective behavior. Social isolation is accompanied by all kinds of debilitating emotions: low self-esteem and self-doubt; loss; anxiety; loneliness; anger; and marginality (e.g., unworthiness; unaccepted by others).

Social Connection is a Safety Category that reduces social isolation and seeks to provide social support. This Safety Category is versatile in the sense that it may be used alone or in combination with other Safety Categories in order to reinforce and support caregiver efforts. Keeping an eye on how the caregiver is doing is a secondary value of Social Connection (See Behavior Management – Supervision and Monitoring).

Safety Service: Friendly Visiting

Friendly Visiting (as a Safety Service) sounds unsophisticated and non-professional. It sounds like "dropping over for a chat." Actually, it is far more than "visiting." Friendly Visiting is an intervention that is among the first in Social Work history. The original intention of Friendly Visiting was essentially to provide casework services to the poor. In safety intervention, Friendly Visiting is directed purposefully at reducing isolation and connecting caregivers to social support.

Friendly Visiting can be done by you. You can arrange for others to do Friendly Visiting including professional and non-professional Safety Service Providers. When arrangements are made for Friendly Visiting by others, it will be necessary for you to direct and coach them in terms of the purpose of the Safety Service and how to proceed.

Safety Service: Basic Parenting Assistance

Basic Parenting Assistance is a means to Social Connection. Socially isolated caregivers do not have people to help them with basic caregiver responsibilities. They also experience the emotions of social isolation including powerlessness, anxiety, and desperation – particularly related to providing basic parenting. The differences between Friendly Visiting and Basic Parenting Assistance is that a) the topic is always about essential parenting knowledge and skills and 2) you, or another designated person, attempt to teach and build skills.

Safety intervention is concerned with parenting behavior that is threatening to a child's safety. The Safety Service Basic Parenting Assistance is concerned with specific, essential parenting that affects a child's safety. This Safety Service is focused on essential knowledge and skill a caregiver is missing or failing to perform. Typically you would think of this as related to children with special needs (e.g., infant, disabled child). Also, you would expect that the caregivers are in some way incapacitated or unmotivated. You, or someone you bring into the In-Home Safety Plan, become a significant Social Connection to help them with challenges they have in parenting, which is fundamental to the children remaining in the home.

Safety Service: Supervision and Monitoring as Social Connection

Some In-Home Safety Plans will require Social Connection and Behavior Management, specifically Supervision and Monitoring. Supervision and Monitoring occurs through conversations occurring during routine Safety Service visits (along with information from other sources). Within these routine in-home contacts, the social conversations can also provide Social Connection for the caregiver. The point here is to promote achievement of objectives of different Safety Categories and Safety Services when the opportunity is available. (See Supervision and Monitoring.)

Safety Service: Social Networking

You may be the central person providing the Safety Service in some of the other Social Connection Safety Services. In this Safety Service, you are a facilitator or arranger. Social networking, as a Safety Service, refers to organizing, creating, and developing a social network for the caregiver. The term "network" is used liberally since it could include one or several people. It could include people the caregiver is acquainted with such as friends, neighbors, or family members. The network could include new people that you introduce into the caregiver's life. The idea is to use various forms of social contact; formal and informal; contact with individuals and groups; the contact is focused and purposeful.

Safety Category and Safety Service: Resource Support

Resource Support refers to Safety Category that is directed at a shortage of family resources and resource utilization, the absence of which directly threatens child safety.

Safety Service: Resource Support

Activities and services that constitute Resource Support used to manage threats to child safety, or are related to supporting continuing Safety Management, include things such as:

- Resource acquisition related specifically to a lack of something that affects child safety.
- Transportation services, particularly in reference to an issue associated with a safety threat.
- Employment assistance aimed at increasing resources related to child safety issues.
- Housing assistance that seeks a home that replaces one that is directly associated with Impending Danger to a child's safety.
- General health care.
- Food and clothing.
- Home furnishings.

Safety Category and Safety Service: Separation

Separation is a Safety Category concerned with threats related to stress, caregiver reactions, child-care responsibility, and caregiver-child access. Separation provides respite for both caregivers and children. The Separation action creates alternatives to family routine, scheduling, demands, and daily pressure. Additionally, Separation can include a *Supervision and Monitoring* function concerning the climate of the home and what is happening. Separation refers to taking any member or members of the family out of the home for a period of time. Separation is viewed as a temporary action which can occur frequently during a week or for short periods of time. Separation may involve any period of time from one hour to a weekend

to several days in a row. Separation may involve professional and non-professional options. Separation may involve anything from babysitting to temporary out-of-home placement of a child, or combinations of these options.

Safety Service: Separation

Safety services that fit this safety category include:

- Planned absence of caregivers from the home;
- Respite care;
- Day care that occurs periodically or daily for short periods or all day long;
- After school care;
- Planned activities for the children that take them out of the home for designated periods;
- Child placement: short-term; weekends; several days; few weeks.

Practice Exercise

(25 minutes)

Slide Purpose:

1. This slide is on **page 42** of the participant guide.
2. To close out the session, participants will be applying knowledge related to Safety Categories and Safety Services in an exercise.
3. The exercise is straight forward. This is an individual exercise. Each participant identifies Safety Categories and Safety Services from the Impending Danger summaries they read.
4. Participants will review the summary analysis of Impending Danger on three cases, and then make a preliminary judgment regarding potential Safety Categories and associated Safety Services that would be suitable for achieving the Safety Plan purpose.

5. Refer participants to the handout *Contributing to the Development of a Sufficient Safety Plan: Considering Safety Categories and Safety Services* on **pages 43-45** of the participant guide.

6. Allow 20-30 minutes for participants to identify Safety Categories and Safety Services, which match what they have read about the Impending Danger in the cases.

7. Debriefing – 15 minutes

8. Ask participants what they have identified as Safety Categories and Safety Services.

9. If participants vary regarding what they have identified, press them to justify and sort out what is "logical" (reference to criteria covered earlier), and what matches, regarding Safety Categories and Safety Services with Impending Danger.

10. Seek out participants observations and opinions about this exercise; challenges they may face; what more they would like to understand or know. (For instance, does any participant come up with the problem of participating in identifying Safety Categories and Safety Services if there are questions about the FFA accounting for Impending Danger, or if the Case Manager views the Impending Danger differently than the CPI?)

Contributing to the Development of a Sufficient Safety Plan: Considering Safety Categories and Safety Services

Instructions:

The purpose for Safety Plans/ Safety Management is to sufficiently control, manage, and prevent Impending Danger from threatening a child's safety. As a contributor to the development of sufficient In-Home Safety Plans as indicated on specific cases, the Safety Manager is required to thoroughly analyze and understand how Impending Danger is occurring in a family.

This exercise involves reading and analyzing two case summaries of Impending Danger, and then identifying possible Safety Categories and Safety Services that might be used if an In-Home Safety Plan was deemed appropriate based on the safety plan meeting.

Below are the three case summaries regarding Impending Danger. Each of these Impending Danger summaries was adapted from actual case documentation of the description of Impending Danger in the Safety Plan.

Read the scenario and then answer the questions related to the development of an In-Home Safety Plan. For this exercise, you will need to refer to your Impending Danger Definitions.

Case 1: Impending Danger Analysis

The mother of a 4-year-old compulsively buys random knick-knacks and holiday decorations, to the point where she uses up some family's financial resources from her disability allotment. Nearly every square foot of living space in the family's apartment is covered by an assortment of boxes, cards, decorations, arts and crafts, etc. With the exception of a "path" to the bathroom, a portion of the kitchen, and a "path" to the sofa, it is impossible to move about the apartment without walking over or climbing over stuff. The mother is isolated; she indicates that she never goes out; has no visitors. She describes herself in very contrasting ways; she says she is "lonely"; calls herself a "loser"; she also says she is "smart" and a "curious person" who "likes to collect interesting stuff." The mother is cooperative and actually very communicative, but her communication presents as highly anxious.

The mother is often frustrated and somewhat intolerant toward her son. The 4-year-old is virtually out of the mother's control due to her inability or unwillingness to set any limits with the child. The referral was made by neighbors due to the smell of smoke coming from the apartment. During the interview with the family, the mother confirmed that her 4-year-old got a hold of one of her cigarettes and threw it into a bundle of Christmas wrapping paper--no significant fire started, but the carpet did have a burned hole in it.

1. What is the Impending Danger in the case?

2. What must be controlled, managed, or substituted for in order to ensure child safety?

3. What Safety Category and related Safety Services would be appropriate to consider if an In-Home Safety Plan were to be developed?

Case 2: Impending Danger Summary

The parents of an 11-year-old autistic child are having significant difficulty managing the child's behavior. The child, who is totally non-verbal, has trouble expressing his needs, is unpredictable, and generally developmentally behind in many aspects of his day-to-day functioning (i.e., going to the bathroom, feeding/eating, etc.) and on occasion is physically aggressive toward the mother and his 4-year-old half-sister. Although unable to confirm, there are concerns that the parents may be locking the child in the basement as a way of controlling him, or merely as a way to get a break.

The father in this case is not the biological father. He clearly expresses frustration, and, at some level, anger and resentment over having to try and manage this special needs child. The report in this case indicated that the father "forcefully picked up and jerked" the child in the front yard after the boy hit his sister on the head with a plastic bat. The results of the FFA confirmed that the step-father had "banged" the child's head with his bedroom door while trying to "keep the child in his room". The child had a slight reddish-blue "goose egg" bump on the right side of his head. The step-father demonstrates some remorse, but also rationalizes his behavior and the need for physical control. The step-father denies that he gets aggressive with the boy; however, the mother and sister indicated that there have been previous occasions when the step-father has become physical. The mother expressed concern that "sometime the physical discipline seems too extreme." The step-father has a previous charge of disorderly conduct from two years ago at a party at the family's home.

1. What is the Impending Danger in the case?

2. What must be controlled, managed or substituted for in order to ensure child safety?

3. What Safety Category and related Safety Services would be appropriate to consider if an In-Home Safety Plan were to be developed?

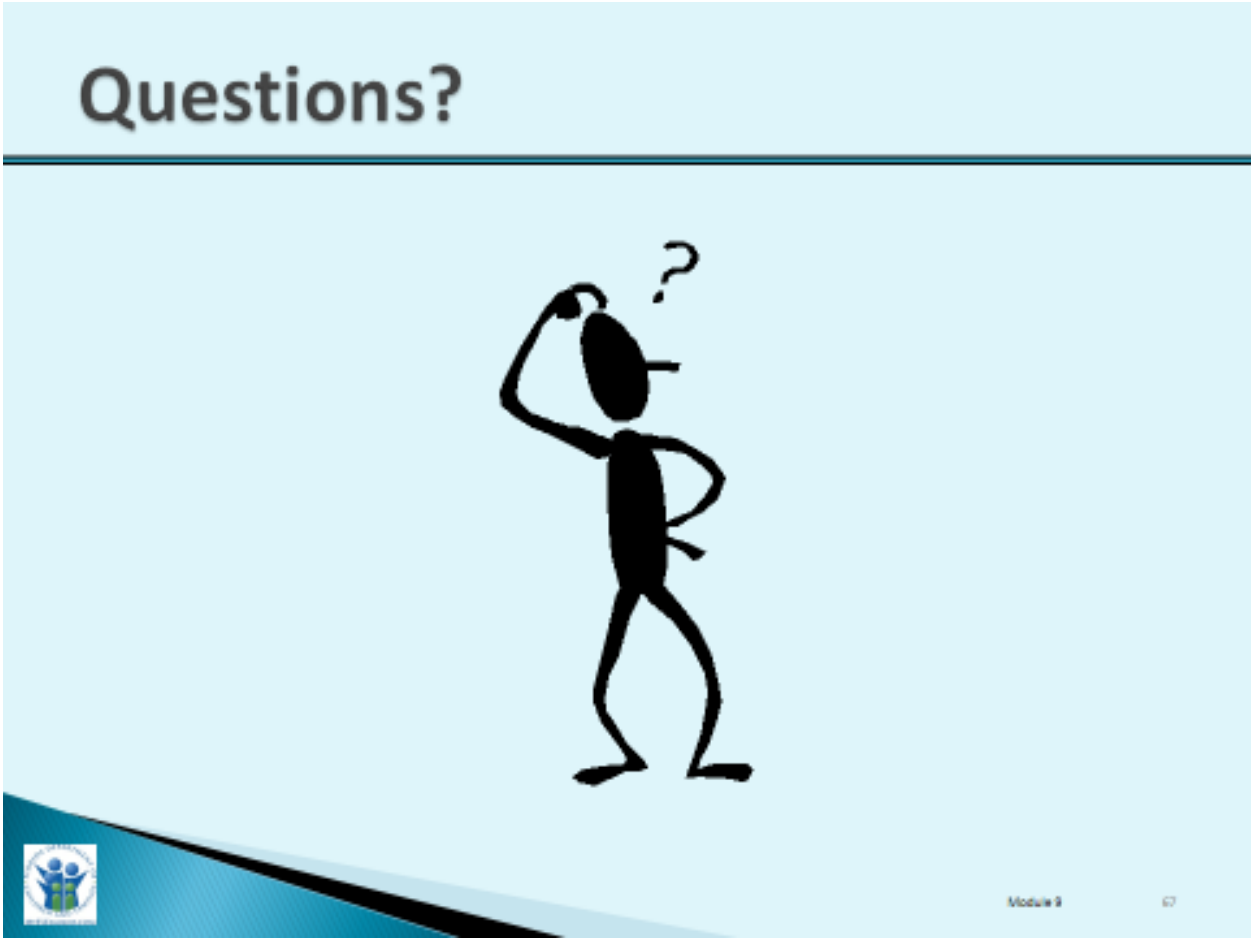
Case 3: Impending Danger Analysis:

A 20-year-old mother of a 2-year-old girl is employed as a "dancer." Her job frequently requires that she work late at night. As a result of her late night work schedule, the mother has difficulty getting up in the morning to take care of her daughter. Further, the mother appears to have some unrealistic expectations for her daughter (i.e., not fussing and crying in the morning, ability to entertain herself). Usually the child's paternal grandmother, the child's father, or the next door neighbor watch the child when the mother is working; however, apparently on more than one occasion the mother has left the child with a "boyfriend," with whom she has admittedly only been involved for a brief period of time. On one such occasion, the so-called boyfriend left the child unattended while he worked on his car stereo system. The mother is not currently involved with anyone.

1. What is the Impending Danger in the case?

2. What must be controlled, managed or substituted for in order to ensure child safety?

3. What Safety Category and related Safety Services would be appropriate to consider if an In-Home Safety Plan were to be developed?



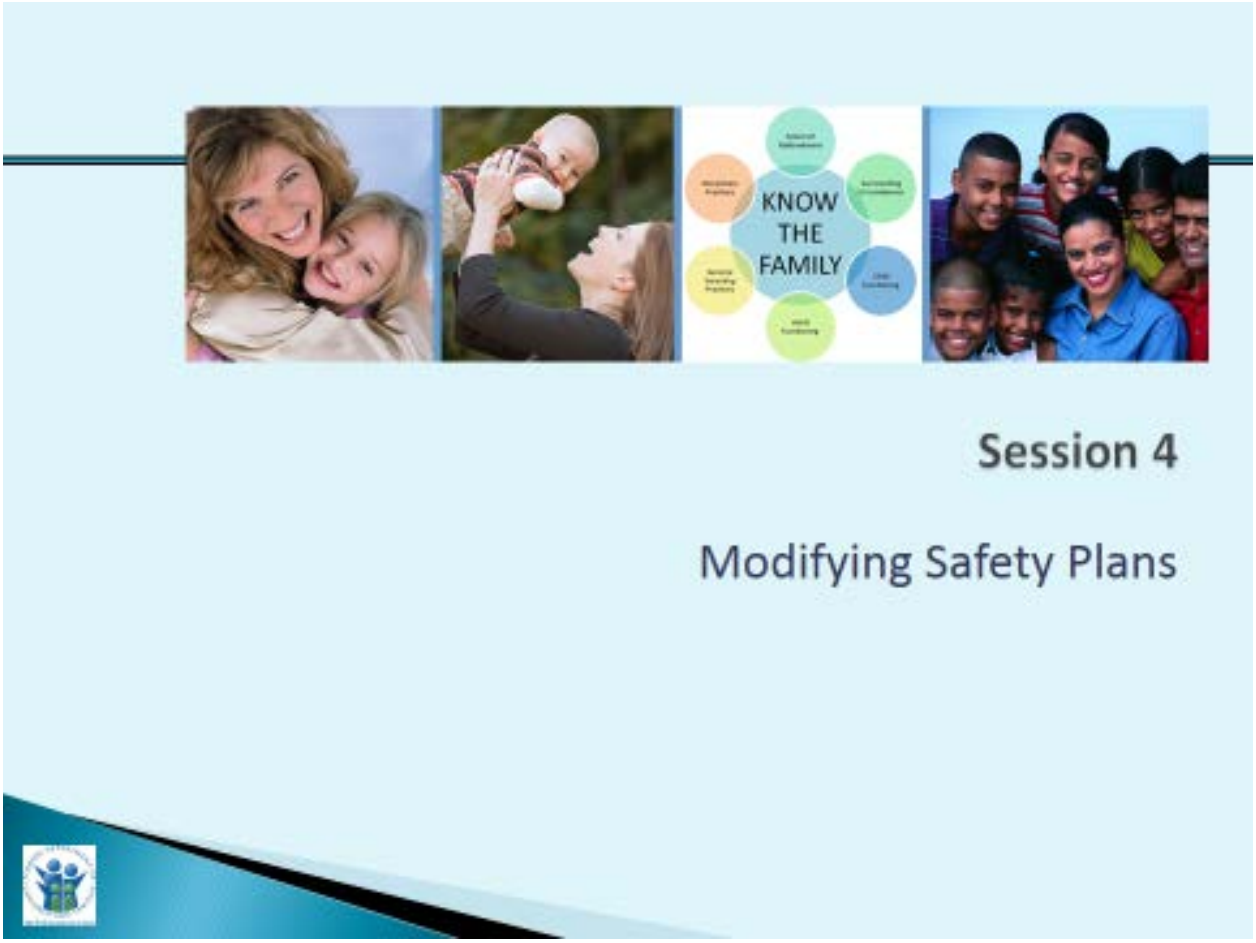
Questions

Slide Purpose:

1. This slide is intended to provide an opportunity for participants to ask questions and/or seek clarification.

Trainer Narrative:

1. Inquire of participants if they have any questions regarding the review or about any information we have covered thus far.
2. Answer any questions and/or provide any clarification as needed.
3. Transition to next slide.

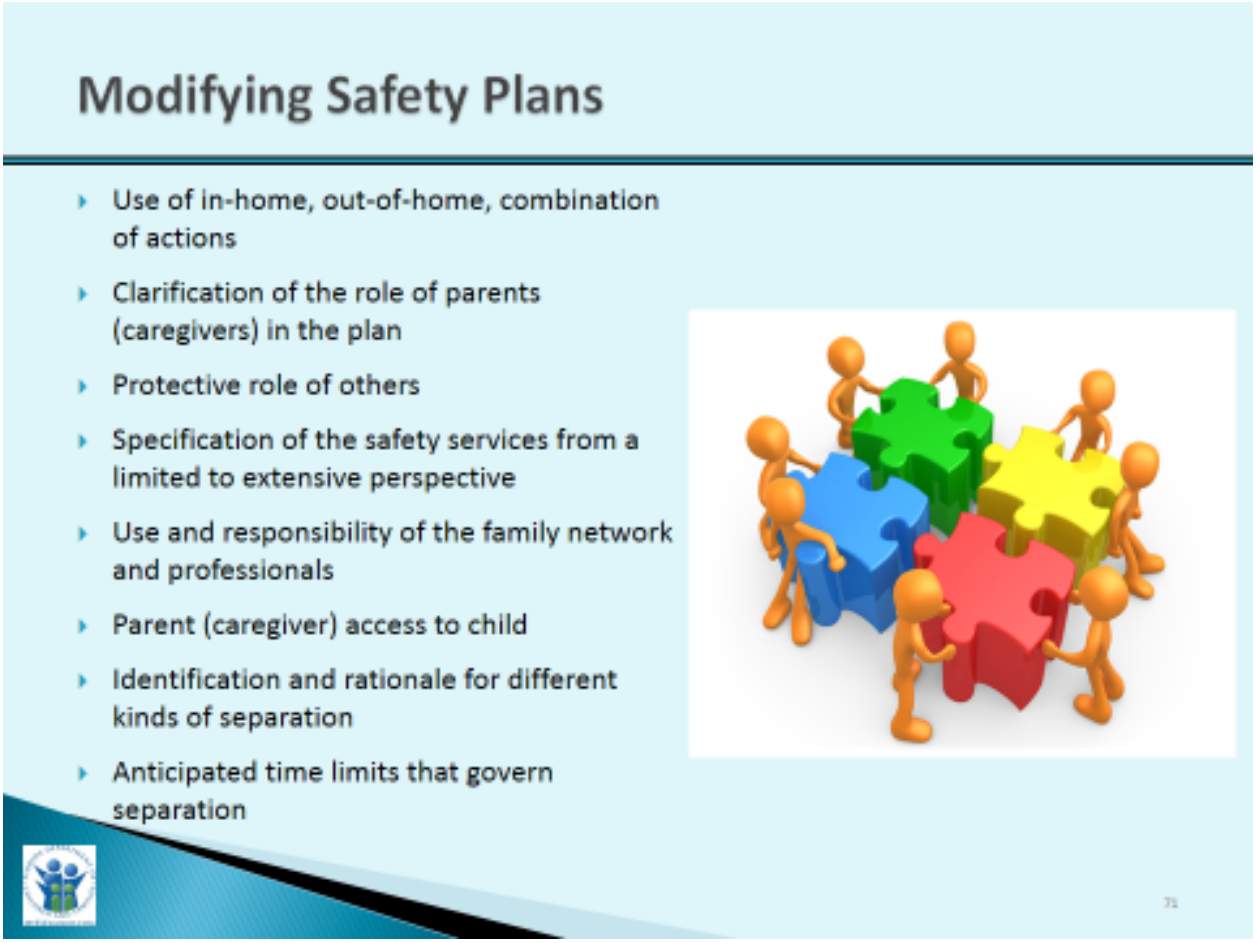


Modifying Safety Plans

Session 4

Slide Purpose:

1. The purpose of this slide is to provide an overview of Session 4.



Modifying Safety Plans

Slide Purpose:

1. The purpose of this slide is to introduce the case manager responsibility to modify safety plans.

Trainer Narrative:

1. Child welfare has been notorious for its diametric view of safety intervention and for establishing safety plans which never change.
2. The point of view that has prevailed in our past is that either kids are safe or not, and that if kids are not safe, they are placed outside of their homes.
3. The safety plan must be a provisional intervention concept, which is dynamic and fluid.

4. **It should be developed using least to most intrusive mentality fully recognizing that many options exist between leaving children in their home and removing them. And it should be modified as soon as possible to step-down to the least intrusive plan as soon as safely possible.**
5. The most effective safety plan will involve:
    a. Strategies open enough to combine the use of in-home and out-of-home actions as appropriate.
6. This emphasizes the need to think of out-of-home legal placement as fitting within a well-conceived awareness of the need for separation.
7. Presumably, effective safety planning considers necessary separation from a partial to total perspective.
8. The clarification of the protective role of parents (caregivers) based on the nature of the impending danger; the presence of active, enhanced protective capacities; and expectations for continuing an acceptable level of caregiver involvement and responsibility given threats and limitations.
9. It is important to keep in mind that the objective is to return the protection role and responsibility to the parent (caregiver).
10. Depending on the nature of the family situation, the parents' protective role may be none to significant.
11. A full elaboration of the protective role of others who participate in the safety plan.
12. Here we refer to friends, relatives and others who may have an active responsibility in assuring safety or who may play a supportive role during the intervention.
13. A specification of the safety service arrangements from a limited to extensive perspective.

14. Spell out the types of family network and professional safety management and how their specific responsibilities are expected to contribute to the management approach.
15. Delineate parent (caregiver) agreed upon access to child, which may be none to extensive.
    a. This includes the use of family time and the parameters surrounding family time.
    b. Such as place, duration, supervision level, etc.
16. The means and circumstances in which the access is allowed and agreed upon to occur will be set forth as well as a plan of action for the substitute care provider should the parent/legal guardian breech the agreement.
17. The identification and rationale for different kinds of separation.
18. Separation represents a suspension of the parent-child interaction, parental responsibility for care and protection of the child, and respite for either or both parents and the child.
19. Any number of options may be appealing.
    a. Options could be babysitting, respite care, more formal child care arrangements, child-oriented activity away from the home, overnight stays with relatives, family-made arrangements with a responsible adult, or substitute care/foster care providers, a few days/week-ends/a few weeks with relatives, family-made arrangements with a responsible adult or substitute or foster care providers, and so on.
20. Separation often is necessary but should occur only when it is well planned out, temporary, fitting within and part of the (larger) safety plan, a purposeful strategy within the safety plan, and dynamic and fluid in the way it is implemented and included in the safety plan.
    a. Anticipated time limits that govern separation.

21. While we've said that separation should be a dynamic and temporary strategy within the safety plan, here we want to emphasize the importance of anticipating time limits at the onset.
22. The purpose of the time limits is not to impose rigid management but to assure that safety management is guided by certain intentions.
23. With respect to separation, the intention is always to keep the focus on being provisional. Anticipated time limits refer to designating what you expect to be needed and realistic while focused on minimizing separation. So we are talking about hours to days as preferred.
24. When children are placed out of the home, the anticipated time limit should be in terms of days to weeks, not months. This may be helpful in forcing us to justify if the separation is needed, if conditions have reduced that need, and if other less intrusive options can be deployed.
25. <u>As a system of care, what is the agency's, (DCF/CBCs) Responsibility in the Safety Plan?</u>
26. There is always a need to reinforce who is responsible for safety intervention and we do so again here.
27. Emphasize that when impending danger is identified the parents are no longer responsible for safety; the agency is responsible.

Criteria for Safety Plans

Slide Purpose:

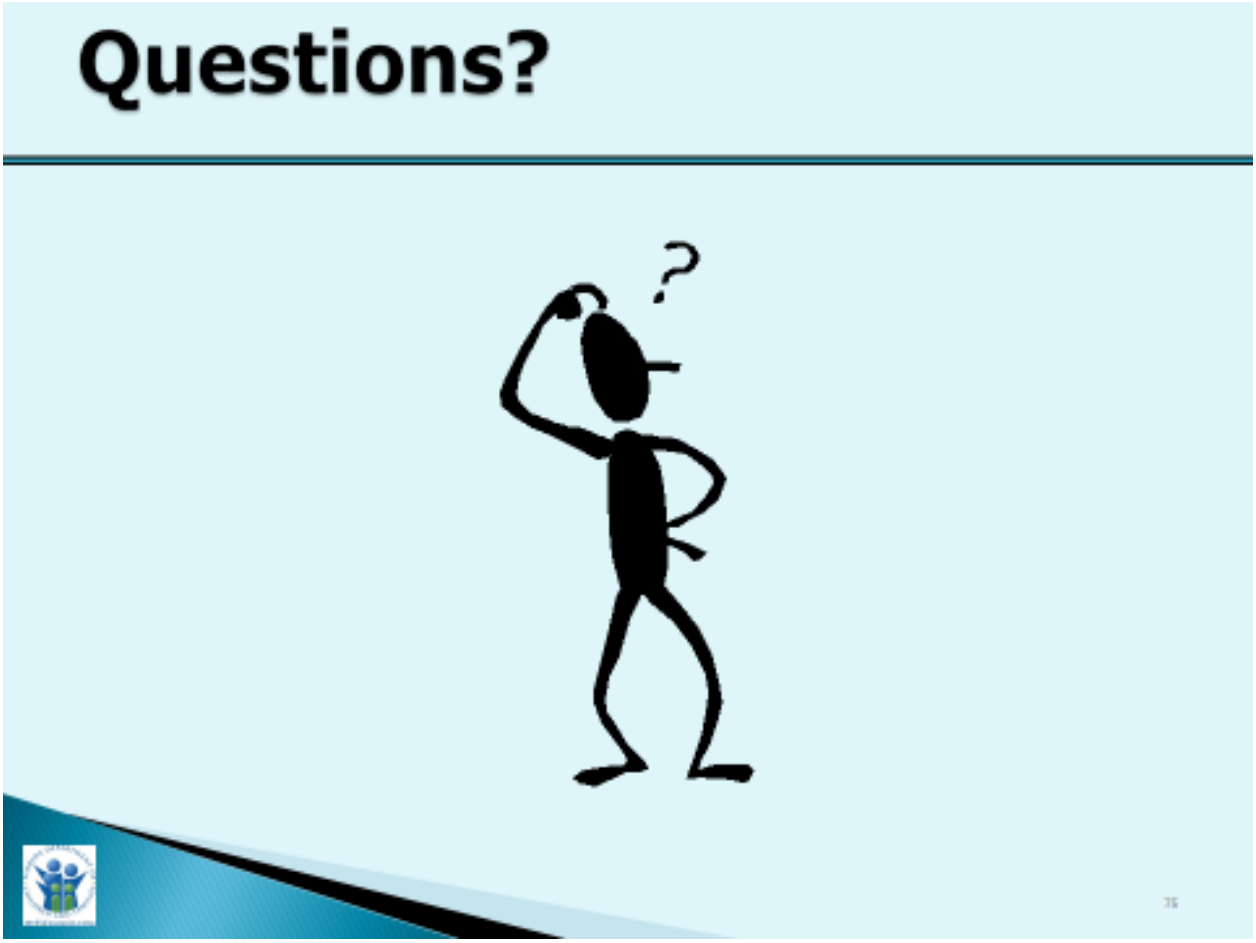
1. The purpose of this slide is to emphasize that the criteria for sufficient safety plans remain the same even when we modify safety plans.

Trainer Narrative:

1. The safety plan can be a safety plan only if it meets the following criteria:
    a. The single purpose of the safety plan is to control or manage impending danger. If any other purpose is included, it may not be a safety plan.
    b. The safety plan must have an immediate effect.

c. The safety plan is created because you have identified danger.

2. The definition for danger is that it is imminent. That means it is going to happen and within the immediate to near future. Or in the case of present danger, is actively occurring.
3. Therefore, the safety plan must be established and implemented at the point the danger is identified and do what it is supposed to do the very day it is set up – manage danger.
4. Available means the safety management provider/resource has sufficient time and capacity to do what is expected.
5. Accessible means the safety management provider/resource will be in place, readily responsive and close enough to the family to meet the demands of the plan.
6. Actions and services contained within the safety plan are designated specifically for the purpose of controlling or managing danger.
7. Safety management actions and plan must have an immediate effect.
8. A safety management action on the safety plan must achieve its purpose fully each time it is delivered.
9. If upon review, a safety plan does not comply with these criteria, then it *isn't* a safety plan!



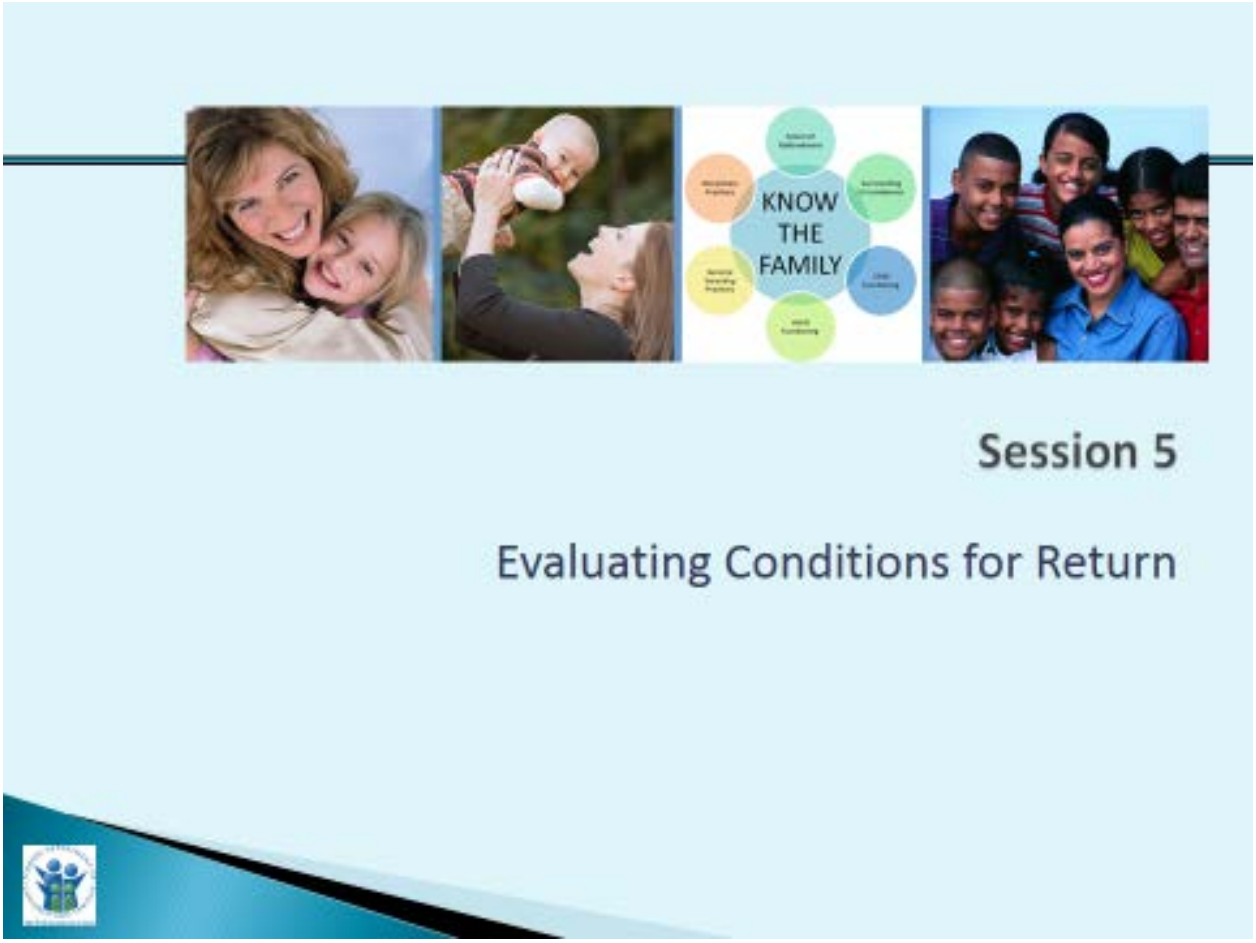
Questions

Slide Purpose:

1. This slide is intended to provide an opportunity for participants to ask questions and/or seek clarification.

Trainer Narrative:

1. Inquire of participants if they have any questions regarding the review or about any information we have covered thus far.
2. Answer any questions and/or provide any clarification as needed.
3. Transition to next slide.



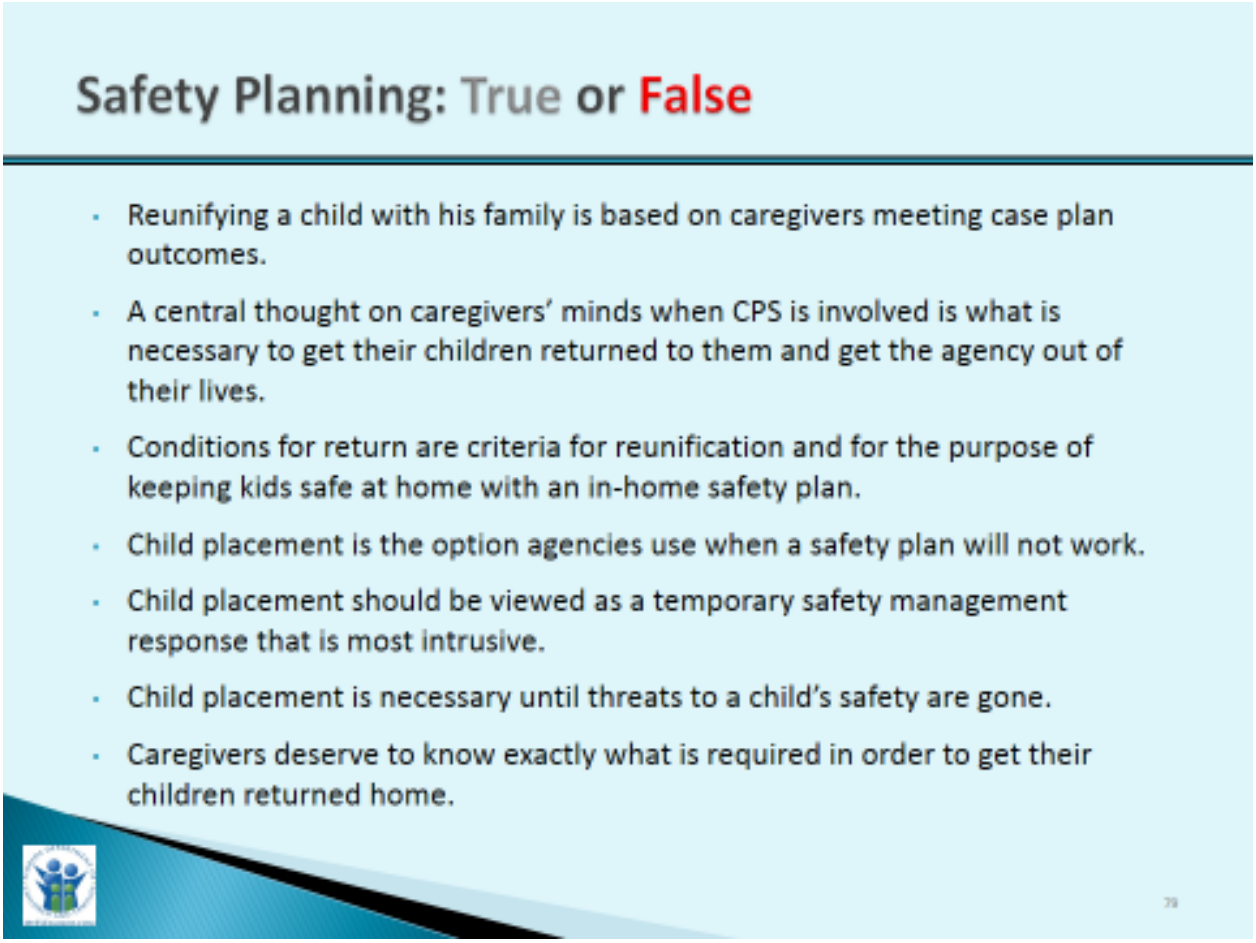
Evaluating Conditions for Return

Slide Purpose:

1. To provide an overview of Session 5.

Trainer Narrative:

1. Provide a brief overview of Session 5.
2. Session 5 will focus on the evaluation of conditions for return, a key stage of safety management for out-of-home safety plans.
3. Transition to next slide.



Safety Planning: True or False

Slide Purpose:

1. To provide a visual for a participant exercise: safety planning: true or false.

Trainer Note:

1. This exercise is intended to test participant recall regarding the focus and purpose of safety plans.
2. This is an individual activity.
3. Large group review of each statement will occur following participants completing the worksheet located in their participant guide.

Handout:

1. Safety Planning: True or False, located on **page 53** in the participant guide.

Trainer Narrative:

1. Thus far we have covered key roles of safety management, safety categories, and safety services.
2. We have also reviewed key aspects of safety planning with an emphasis on modifying safety plans which is a key step in safety management which is carried out by the Case Manager.
3. Before we move forward with discussing conditions for return in depth, let's practice our recall related to the relationship between safety planning and conditions for return
4. Located in your participant guides is the worksheet titled Safety Planning: True or False.
5. This is an individual exercise.
6. Take five minutes and review each statement and identify if you believe the statement to be true or false.
7. Allow participants five minutes to complete each statement.
8. Transition to next slide.

Safety Planning: True or False

Reunifying a child with his family is based on caregivers meeting case plan outcomes.

TRUE
FALSE

A central thought on caregivers' minds when child welfare is involved is what is necessary to get their children returned and to get child welfare out of their lives.

TRUE
FALSE

Conditions for Return are criteria for reunification used for the purpose of keeping kids safe at home with the use of an in-home safety plan.

TRUE
FALSE

Child placement is the option agencies use when a safety plan will not work.

TRUE
FALSE

Child placement should be viewed as a safety management response that is most intrusive.

TRUE
FALSE

Child placement is necessary until threats to a child's safety are gone.

TRUE
FALSE

Caregivers deserve to know exactly what is required in order to get their children returned home.

TRUE
FALSE

TRAINER VERSION

Safety Planning: True or False

Reunifying a child with his family is based on caregivers meeting case plan outcomes.

False. It is possible to reunify a child with his family if certain conditions exist that assure child safety, that employ an in-home safety plan. The adjustment to reunification is possible allowing a caregiver to continue to work on change. Admittedly change that occurs as a result of the case plan and service provision can contribute to establishing the conditions necessary for moving to an in-home safety plan. Child placement is necessary until child safety can be managed in the home. The definition for child safety says that children are safe when protective capacities are sufficient to protect against threats to a child's safety. If others can supply caregiver protective capacities, then child placement is not necessary.

A central thought on caregivers' minds when child welfare is involved is what is necessary to get their children returned and to get child welfare out of their lives.

True – at least generally. Caregivers do not want child welfare involved in their lives; do not want their children removed; want to know what to do to get their children back; want to know what to do to get child welfare out of their lives. Child welfare is disempowering in and of itself. Among the strongest influences in that process is information. While it is not possible to completely alter how the process affects caregivers, providing them with information is perhaps the most effective way to reduce feelings of disempowerment.

Conditions for Return are criteria for reunification used for the purpose of keeping kids safe at home with the use of an in-home safety plan.

True. Fundamentally, conditions for return are child welfares judgment about what it will take to keep a child safe in an in-home safety plan and therefore one can see that as the ultimate purpose – keeping kids safe at home. Safety plans are for the purpose of keeping kids safe. Safety plans involve in-home options, out-of-home options, and a combination of the two. Safety plans are by their nature intrusive; intrusiveness necessary to keep kids safe increases as safety plans move from in-home to out-of-home options.

Child placement is the option agencies use when a safety plan will not work.

False. An out-of-home placement is a safety plan; in safety intervention, placement it is not about well-being or a "better" living situation for a child; it is about the least intrusive means for keeping a child safe given the nature of impending danger and the caregiver's willingness and capacity to participate in safety planning and safety plan implementation. Child placement is the safety plan option child welfare uses when in-home safety options will not work. Child placement occurs as a safety management option when caregivers are unable or unwilling to participate in an in-home option.

Child placement should be viewed as a safety management response that is most intrusive.

True – kind of. Safety plans are supposed to be provisional which means that a safety plan is always subject to revision and adjustment. The least intrusive concept applies; all workers should always be considering how to keep a child safe using the least intrusive safety plan possible. Child placement should always be thought of as a provisional temporary safety response required until such time as circumstances within the home can be established to produce less intrusive means for protection. Temporary here should be thought of as weeks up to a month at which time a tune-up for the safety plan is considered--workers assess what is happening to consider whether lessening intrusiveness is possible.

Child placement is necessary until threats to a child's safety are gone.

False. A safety plan of some kind must remain in place as long as impending danger exists. Child placement is only one option; effort always should exist related to seeking less intrusive safety plans as in moving from out-of-home to in-home safety plans. Child placement is necessary until child safety can be managed in the home. The definition for child safety says that children are safe when protective capacities are sufficient to protect against threats to a child's safety. If others can supply caregiver protective capacities, then child placement is not necessary.

Caregivers deserve to know exactly what is required in order to get their children returned home.

True. Workers team with caregivers. Caregivers have a right to know. It is respectful to keep caregivers informed. Intervention won't work if caregivers are not fully informed about what is happening in their case and the basis for decision-making. Caregivers do deserve to know exactly what is required in order to get their children returned home. Precision is critical. The stakes concerning parents and children being together are extremely high. Beyond the social, psychological aspects of this issue, there are important civil rights in question. The exact basis for children returning home is crucial as a fairness and equity matter to caregivers, as a standard to use for case direction for everyone in the case, and as a basis for safety decision making.

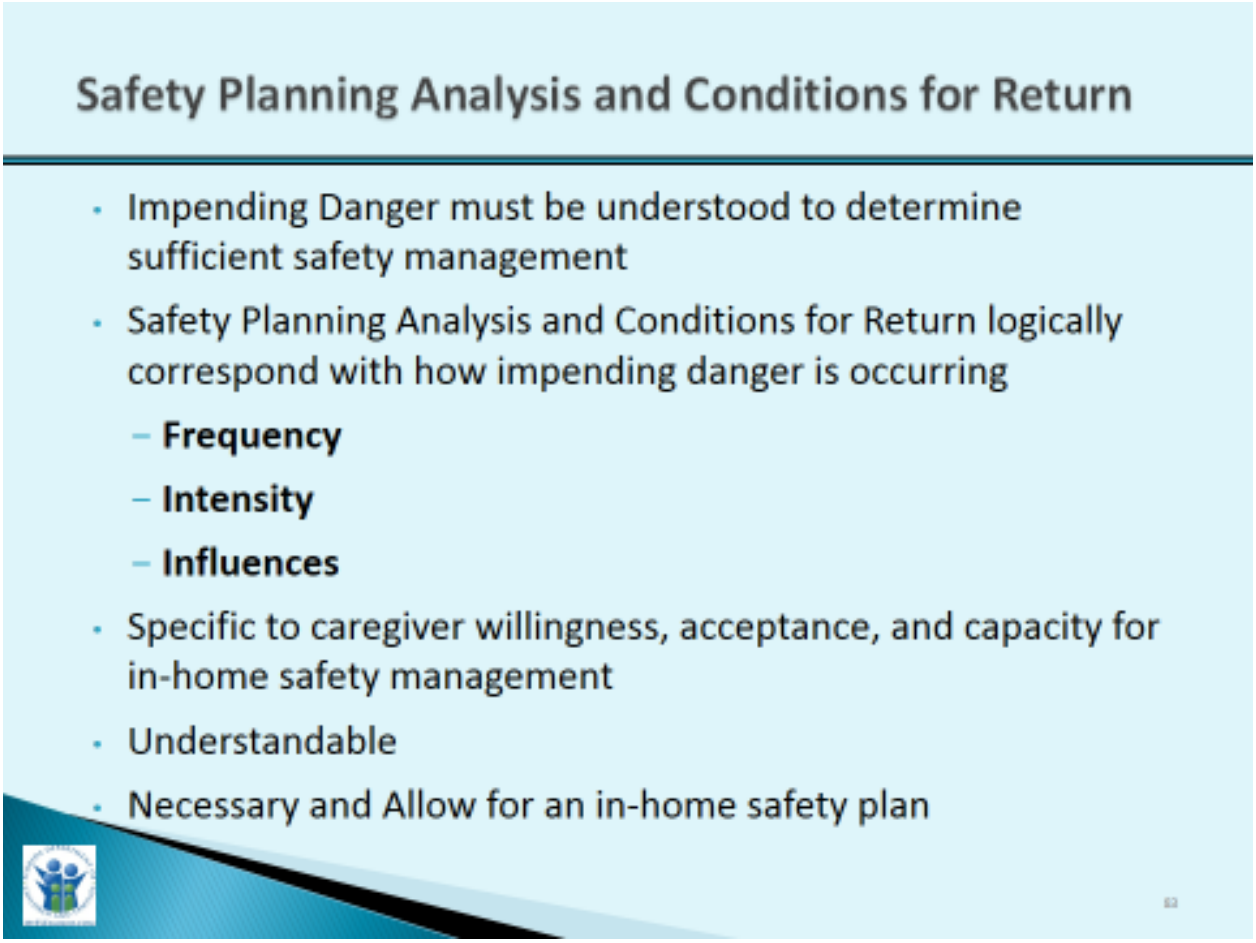
Activity Report Out

Slide Purpose:

1. To provide a visual for the activity report out**.**

Trainer Narrative:

1. Reconvene the group and proceed to review each statement using the trainer worksheet to facilitate debrief.
2. Following the review of each statement, inquire of participants if there are any questions or points that need further clarification.
3. Inform participants that this exercise was intended to confirm the foundation for the safety plan and conditions for return.
4. Transition to next slide.



Safety Planning Analysis and Conditions for Return

Slide Purpose:

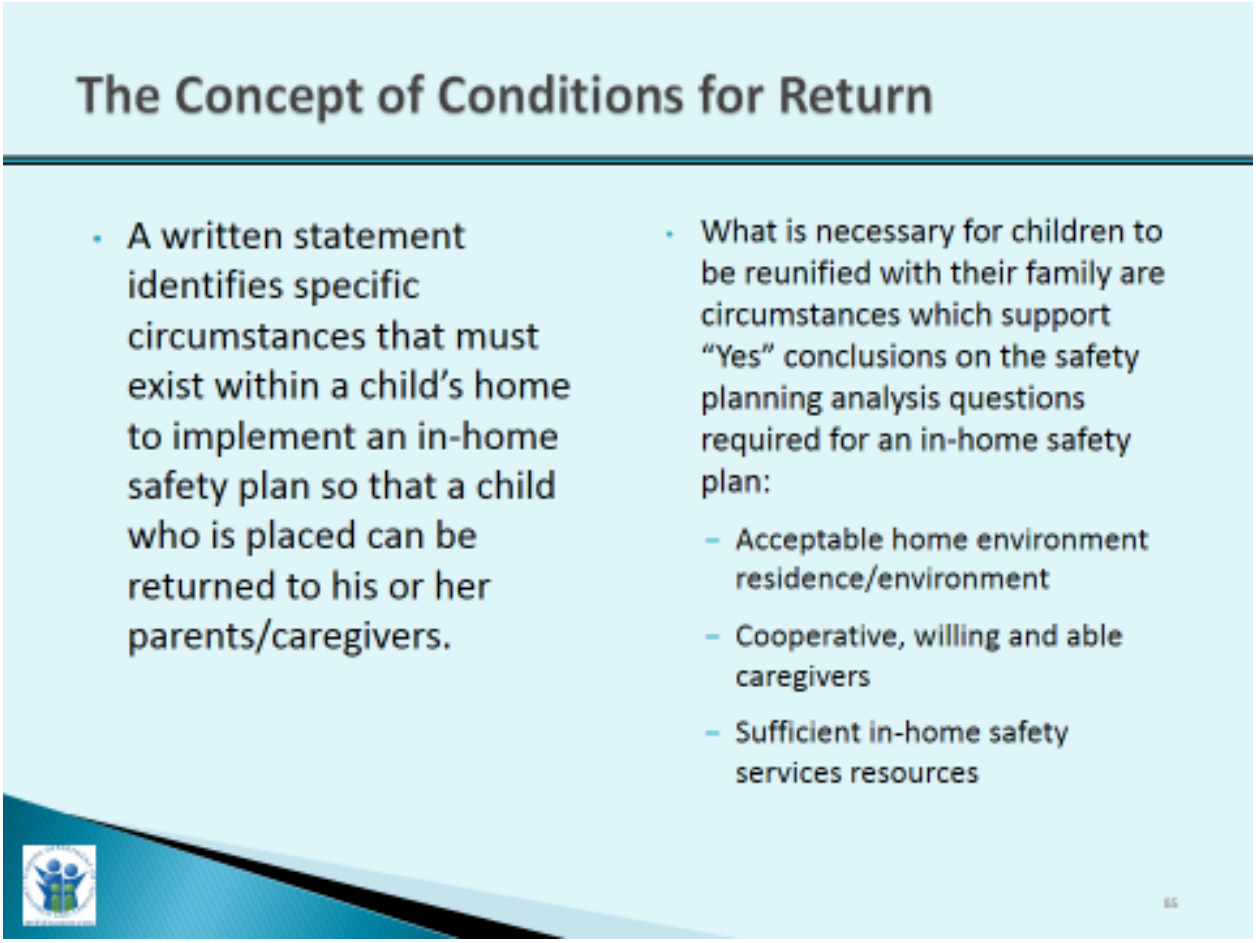
1. The purpose of this slide is to provide a visual for the key points associated to the safety planning analysis and conditions for return.

Trainer Narrative:

1. The safety planning analysis and subsequently the conditions for return are key safety decisions within the safety methodology.
2. Determining if an in home safety plan versus an out of home safety plan can be established requires that we fully understand the danger threat before proceeding further.
3. Absent information to inform the impending danger threat-frequency, intensity, and influence-we cannot establish the ability and willingness for caregivers to participate, services needed to

control for danger, and the appropriateness of the location in which the safety plan would be executed.

4. When information is known to inform the safety planning analysis, so too information informs the conditions for return.
5. Recall that conditions for return are not associated to case plan outcomes, but rather what it would take for an in home safety plan to be established.



The Concept of Conditions for Return

Slide Purpose:

1. To provide a visual for the definition of conditions for return.

Trainer Narrative:

1. Review the slide points with participants.
2. Emphasize that the conditions for return are how we communicate with parents the process of reunification with their children at the earliest possible point in the case—when safety can be established within the home.
3. The conditions for return are based solely on the safety planning analysis-how family's turn the "No" criteria to a "Yes."
4. Let's take a look at some examples of conditions for return developed based upon our safety planning analysis criteria.
5. Inform participants to look on **page 57** of their participant guide.

6. Located there is a handout titled: Safety Planning Analysis: Conditions for Return.
7. Proceed to allow participants 5-10 minutes to review the handout.
8. Following the time for review, proceed to review the handout with participants, highlighting examples of conditions for return and referencing the previous handout in regards to the rationale for not being able to implement an in home safety plan.
9. Following the review of the handout, inquire of participants if there are any questions or comments that they would like to share.
10. Allow time for debrief and questions.
11. Inform participants that we will be practicing the safety planning analysis and conditions for return today, however before our own practice, we will review work that was conducted as an example of how the safety planning analysis and conditions for return are informed and developed.
12. Transition to next slide.

TRAINER VERSION

Safety Planning Analysis:

Conditions for Return

If at the conclusion of the CPI Family Functioning Assessment, the Safety Planning Analysis results in a decision that an out of home safety plan is necessary to sufficiently manage child safety, the next immediate activity involves the supervisor and worker documenting explicitly what would be required in order for an in-home safety plan to be established and the child(ren) returned home.

The requirements (i.e. conditions that must exist) in order to return children to their caregivers are directly connected to the specific reasons/ justification from the Safety Planning Analysis as to why an in-home safety plan could not be put into place at the conclusion of the FFA and/or maintained as a part of ongoing safety management.

These "condition" for return statements are intended to delineate what is required in the home environment and of caregivers to be able to step down the level of intrusiveness for safety management and implement an in-home safety plan.

Definition of Condition for Return

Official written statements that could be included as part of a court order that describe what must exist or be different with respect to specific family circumstances, home environment, caregiver perception, behavior, capacity and/or safety service resources that would allow for reunification to occur with the use of an in-home safety plan.

Question #1:

The parents/legal guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.

- *Willing to accept and cooperate* refers to the most basic level of agreement to allow a Safety Plan to be implemented in the home and to participate according to agreed assignments. Caregivers do not have to agree that a Safety Plan is the right thing nor are they required liking the plan; plans are not negotiable in regards to the effectuation of the plan.

Conditions for Return and Use of an In-Home Safety Plan:

The statements associated with a caregiver's lack of acceptance and willingness to participate in developing an in home safety plan should reflect what would be different in comparison to what was determined to be the justification for why an in-home safety plan could not be used.

Examples:

- Caregiver [name] is open to having candid discussion about the reason for a safety plan and what the safety plan would involve regarding child [name] safety and the need for a safety plan;
- Caregiver [name] expresses genuine remorse about [specific maltreatment] toward child [name] and is willing to discuss the need for a safety plan;
- Caregiver [name] expresses a genuine interest in doing what is necessary to have the child [name] return to the home;
- Caregiver [name] is willing to allow for safety services in the home and demonstrates openness to cooperate with whatever level of involvement from safety service providers is required to assure child safety;
- Caregiver can talk about how he/she felt before when not being willing to cooperate with an in-home safety plan, and why/how he/she feels different.

Question #2:

The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.

- *Calm and consistent* refers to the environment, its' routine, how constant and consistent it is, its predictability to be the same from day-to-day. The environment must accommodate plans, schedules, and services and be non-threatening to those participating in the Safety Plan.

Conditions for Return and Use of an In-Home Safety Plan:

The statements associated with the home environment should reflect what would need to be different in comparison to what was determined to require an out of home safety plan.

Examples:

- The home environment is consistent [describe what would be different] enough for in-home safety services to be put into place;
- Specific individuals [identify and describe what was problematic about certain people being in the home and threatening to child safety] no longer reside in the home and the caregiver's [name] commitment to keeping them out of the home is sufficiently supported by in-home safety services;
- Caregiver [name or other individual in the home] no longer expresses or behaves in such a way that reasonably will disrupt an in home safety plan [describe specifically what would be different that was preventing in-home safety plan], expresses acceptance of the in home safety plan and concern for child; and safety services are sufficient for monitoring and managing caregiver behavior as necessary;
- Specific triggers for violence in the home are understood and recognized by caregivers, and in-home safety services can sufficiently monitor and manage behavior to control impulsivity and prevent aggressiveness;

- Caregiver [name] acknowledges the need for self-management and is demonstrating evidence of increased impulse control and behavior management, and there is a judgment that in-home safety services can provide sufficient monitoring of family member interactions [describe specific what would be monitored in terms of situations and interactions] and manage behavior [describe what specific behavior must be managed];
- Child [name] no longer expresses fear of the home situation;
- Child [name] no longer expresses fear of being around the caregiver, and in-home safety services can be a sufficient social connection for the child to monitor his/her feelings and/or emotional reactions;
- There is enough of an understanding regarding the home environment, dynamics of family interactions and caregiver functioning that in-home safety services can sufficiently supervise and monitor the situation and/or manage behavior and/or manage stress and/or provide basic parenting assistance [describe specifically what safety services would be necessary];
- Caregiver [name] interactions with a child during visitation reveals a positive change in perception and attitude toward the child [describe specifically what change would be necessary to implement an in-home safety plan];
- Caregiver [name] has expressed a desire to improve the quality of the relationship with his/her child, and demonstrates enough notable progress toward having a change in perception and more positive interactions with the child that in-home safety services can sufficiently supervise and monitor the situation;
- The home environment is reasonably consistent on a day to day basis [describe what minimally reasonably consistent would look like for a particular family];
- There is an increased structure in the home environment and a general routine that makes it possible to plan for the use of in-home safety services;
- There is no indication that there are unknown, questionable or threatening people in and of the home on a routine or inconsistent basis;
- All individuals residing in the home are known to the agency, cooperative and open to intervention;
- There is an increased understanding of how Impending Danger [described negative condition that must be better understood] is manifested on a day to day basis, and there is a judgment that in-home safety services can be put into place at the times and level of effort required to assure child safety;
- There is an understanding regarding when Impending Danger is more likely to become active and in-home safety services can be put into place at the times and level of effort required to sufficiently control and manage out of control emotions, perceptions and/or behavior [describe specifically what would need to be controlled].

Question #3

Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home.

- Safety Management Services are dependent upon the identified impending danger threat*: Available* refers to services that exist in sufficient amount. *Access* refers to time and location. Accessible services are those that are close enough to the family to be applied and can be implemented immediately.

Conditions for Return and Use of an In-Home Safety Plan:
CFR statements associated with the sufficiency of resources should reflect what would need to exist in comparison to what was determined to be the justification for an out of home safety plan. See the previous examples related to the justification for an in-home safety plan as a reference point for considering possible conditions for return related to sufficient resources.

Examples:

- There are sufficient and suitable safety service resources at the level of effort necessary to manage behavior and/or provide social connections and/or provide basic parenting assistance etc. [identify what specific safety service you would need to manage safety in the home].

Question #4:

An in-home safety plan and the use of in-home safety management services can sufficiently manage impending danger without the results of scheduled professional evaluations.

- This question is concerned with specific knowledge that is needed to understand Impending Danger Threats, caregiver capacity or behavior or family functioning specifically related to Impending Danger Threats. The point here is the absence of such information obviates DCF' ability to know what is required to manage threats. Evaluations that are concerned with treatment or general information gathering (not specific to Impending Danger Threats) can occur in tandem with In-Home Safety Plans.

Conditions for Return and Use of an In-Home Safety Plan:
The statements associated with a caregiver's capacity should reflect what would need to be different in comparison to what was determined to be the justification for why an in-home safety plan would be insufficient.

Examples:

- There are sufficient safety service resources available and immediately accessible to compensate for a caregiver's cognitive limitations and provide basic parenting assistance at the level required to assure that the child [name] is protected and has basic needs met;
- There are sufficient safety service resources available and immediately

accessible to compensate for a caregiver's physical limitation by providing basic parenting assistance to assure child [name] basic needs are met;

- There is a change in circumstances [describe specific change] whereby there are sufficient safety services [identify specific safety services] available and immediately accessible to assure that child [name] special needs can be managed with an in-home safety plan;
- Caregiver [name] emotions/ behaviors are stabilized [describe specifically what stabilized "looks like" for a caregiver] to the extent that in-home safety services are sufficient for effectively managing caregiver [name] behavior;
- Caregiver [name] is demonstrating progress toward [describe specifically what would need to be different - e.g. stabilizing emotionally; increased control of behavior] to the extent that in-home safety services are sufficient and immediately available for effectively managing caregiver behavior;
- Caregiver's [name] emotional functioning is stabilized and predictable enough for a sustained period of time [designate appropriate time] such that it will not disrupt an in home safety plan;
- Caregiver's [name] substance use [or addiction] is stabilized and there is demonstration of increased self-control to avoid using [drugs/ alcohol] for a sustained period of time such that it will not disrupt an in home safety plan;
- Caregiver [name] demonstrates increased emotional stability/ behavioral control [describe specifically what would be different] to the point where an in-home safety plan and safety management can assure child safety;
- Caregiver [name] acknowledges the need for having different expectations for child [name] that are more reasonable given his/her limitation, and there are sufficient in-home safety services to assist with modifying caregiver behavior and providing basic parenting assistance;
- Caregiver [name] can be relied upon to comply with; participate in; accept and cooperate with the schedules, activities and expectations in the in home safety plan;
- Caregiver [name] will be at the home and/or will respond to phone and other kinds of contact as identified related to the specifics of the in home safety plan;
- Caregiver [name] responds to safety providers in reasonable and accepting ways and in accordance with schedules and expectations in the in home safety plan;
- Caregiver [name] is sufficiently able and responsible about managing his or her behavior consistent with and as required by specifics of the in home safety plan;
- Caregiver [name] is tolerant of safety service providers, schedules, identified expectations, role and behavior of safety service providers that are spelled out in the in home safety plan;
- Caregiver [name] is open and can set aside his or her personal choices; independence that conflicts with the in home safety plan; wishes and preferences which are contrary to specific expectations/requirements of the in home safety plan.

Question # 5:

The parents/legal guardians have a physical location in which to implement an in-home safety plan.

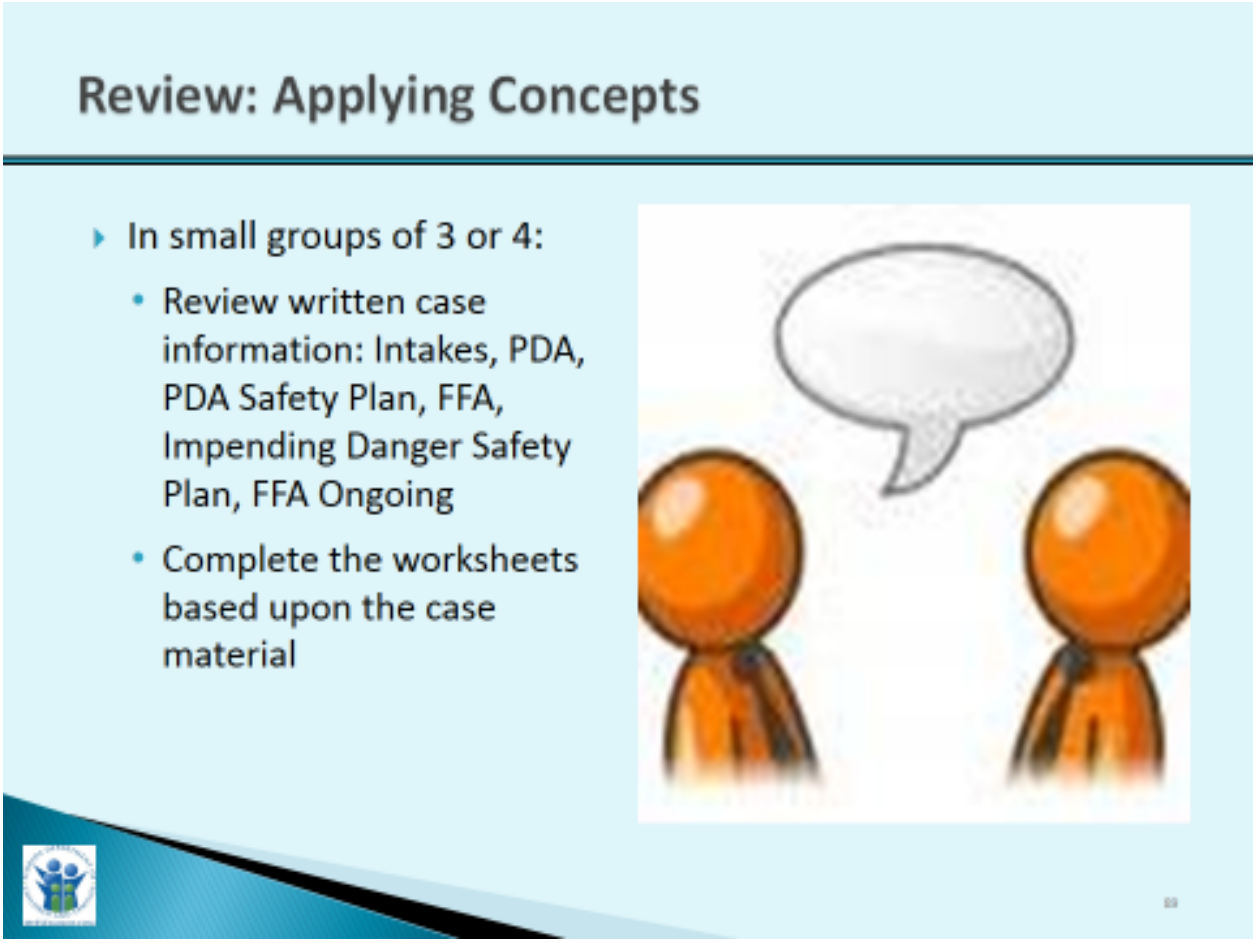
- *Physical location* refers to (1) a home/shelter exists and can be expected to be occupied for as long as the Safety Plan is needed and (2) caregivers live there full time.
- Home refers to an identifiable domicile. DV or other shelter, friend or relative's homes qualify as an identifiable domicile if other criteria are met (expected to be occupied for as long as the safety plan is needed, caregivers live there full time, e.g.).

Conditions for Return and Use of an In-Home Safety Plan:

The statements associated with a caregiver's residence should reflect what would need to exist in comparison to what was determined to be the justification for an out of home safety plan.

Examples:

- Caregiver [name] has a reliable, sustainable, consistent residence in which to put an in-home safety plan in place;
- Caregiver [name] maintains the residence and there is confidence that the living situation is sustainable;
- Caregiver [name] demonstrates the ability to maintain a sustainable, suitable, consistent residence [describe specifically on an individual case by case basis what would be a sufficient demonstration of a caregivers ability to maintain an adequate place to reside and implement an in-home safety plan];
- The condition of the residence is suitable and structurally adequate [describe what specifically about the condition of residence must be different] to safely put an in-home safety plan in place;
- Caregiver [name] has a reasonable plan for how his/she will use resources to maintain a stable residence.



Review: Applying Concepts

Slide Purpose:

1. To provide the instructions for the small group exercise.

Exercise/Activity:

1. Groups of 4-5 participants will complete the exercise.
2. Handouts for this exercise are located in the participant guide on **pages 64-89.**
    - **Intakes (2), PDA, PDA Safety Plan, FFA, Impending Danger Safety Plan, FFA Ongoing**

Trainer Narrative:

1. Inform participants that this is a group activity, where they will be reviewing an actual case which has been redacted for our use in training.
2. The focus of this exercise is to review casework that has been completed to evaluate safety decision making and safety management.
3. Review the worksheet with participants prior to breaking into groups.
4. Inform participants that they will have 60 minutes to review the case documents and to complete the worksheet.

TRAINER VERSION

Instructions for Case Review

Purpose:

The purpose of this exercise is to provide a practice opportunity that allows participants to practice identifying information that supports safety planning analysis and conditions for return.

Materials Needed:

- Safety Methodology Reference Guide

Instructions:

1. Working within your small groups, each participant is to review the Case materials: Intakes, PDA, PDA Safety Plan, FFA, Impending Danger Safety Plan, Ongoing FFA.
2. When reviewing the case, each participant should be considering:
    a. Information that supports the danger threat(s);
    b. Justification of the safety planning analysis.
    c. Specificity of conditions for return and whether they reflect steps to achieve an in-home safety plan
    d. Progression from CPI FFA to Ongoing FFA in terms of Conditions for Return; how does Ongoing FFA reflect additional understanding of the family?

3. Following each participant's and small group completion of the worksheet, conduct a group report out to hear the individual case review results.

Case Review Worksheet

1. Information that Supports the Specific Danger Threat

2. Justification of the safety planning analysis.

3. Specificity of conditions for return and whether they reflect steps to achieve an in-home safety plan.

4. Progression from CPI FFA to Ongoing FFA in terms of Conditions for Return; how does Ongoing FFA reflect additional understanding of the family? How does this increased understanding impact the conditions for return?

Case Review Worksheet
TRAINER VERSION

1. Information that Supports the Specific Danger Threat.

Threat identified is: Parent/Legal Guardian or Caregiver is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm to the child and Parent/Legal Guardian or Caregiver is not meeting child's basic and essential needs for food, clothing, and/or supervision AND the child is/has already been seriously harmed or will likely be seriously harmed.

Mother's panic attacks, unpredictable behavior, going off with unknown people, asking strangers to watch her child, not taking meds as prescribed for serious conditions (depression, anxiety, panic attacks). Mother not watching child closely or leaving child for extended periods of time. Child is vulnerable and completely dependent on parents for care.

2. Justification of the safety planning analysis.

Parent's may have a home and say they are willing for an in-home plan, but the level of functioning of the mother is not conducive to an in-home plan and mother's mental health conditions are extreme and bizarre at this point and we must know more to know if she would be able to participate and support an in-home plan.

3. Specificity of conditions for return and whether they reflect steps to achieve an in-home safety plan.

The conditions for return in the FFA state: *There must be a responsible adult in the home who is positively aligned with the child and is able to recognize and take action to protect the child. A psychological evaluation is needed on the mother to see if she has the capacity to parent safely.*

This is a fair statement at this point in the case with the emphasis on the need to understand the mother's functioning more. The condition for return statement is behavioral in that it says a responsible adult in the home who is positively aligned (emotional protective capacity) and able to recognize (cognitive protective capacity) and take action to protect (cognitive and behavioral protective capacity).

4. Progression from CPI FFA to Ongoing FFA in terms of Conditions for Return; how does Ongoing FFA reflect additional understanding of the family? How does this increased understanding impact the conditions for return?

In the Ongoing FFA the following are the Conditions for Return to the Parent:
1) The parents must demonstrate a willingness to develop and implement a safety plan for the children to safely return to the home. The mother needs to maintain consistent contact with the Family Care Counselor in order to arrange needed treatment services to assist the mother in behavioral changes. The parents need to begin to establish a meaningful relationship with the child and demonstrate an interest in the child and her needs.
2) The parents must have a calm and consistent home environment where the child can reside and in which an in-home safety plan can be implemented. The parents will need to be able to demonstrate that they can provide for the child's basic needs. The parents will need to demonstrate self-awareness and impulse control. The parents will need to establish sponsors and an appropriate support system to assist them in providing for the children's needs and to keep them safe
3) The parents must be able to establish a safety plan with others who will be a positive support system. The positive support system must be able to assist the parents in keeping the children safe.
4) The parents must complete any professional evaluations needed, such as (but not limited to), psychological/mental health evaluations. The parents must agree to follow treatment recommendations and be willing to cooperate with treatment providers.
5) The parents need to have a physical location in which an In-Home Safety Plan can be implemented.

The Ongoing FFA reflects an increased understanding of the family and a clear picture of the behavioral change that is needed. The updated conditions for return are detailed and correspond to the safety analysis questions directly.

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INTAKE REPORT

Intake Name	Intake Number	County	Secondary County
XXXXX, LINDA	XXXX-XXXXX-XX	Gilchrist	

Date and Time Intake Received	Program Type	Investigative Sub-Type	Provider Name
05/10/2014 8:17 PM	Child Intake - Initial	In-Home	N/A

Background Checks Required	Reason	Call Record Number	3 Hits Reviewed
☒ Yes ☐ No			☐ Yes ☒ N/A

Worker Safety Concerns	Prior Involvement	Law Enforcement Notified
☐ Yes ☒ No	☒ Yes ☐ No	☐ Yes ☒ No

Send Florida Administrative Message to Law Enforcement ☐ Yes ☒ N/A

Response Time	Name – Worker	Name – Supervisor
24 Hours	XXXXX, XXXXX	XXXXX, XXXXX

I. Family Information

Name – Family	Telephone Number – Home
XXXXX, LINDA	(352)217-1996

Address – Street	Unit Designator	City	State	Zip Code
XXXXXXXXXX		XXXXX	FL	XXXXX

Primary Language: Interpreter Needed: ☐ Yes ☒ No

Directions to House

See reporter screen

A. Participants

Name	ID Number	Role	Gender	DOB
XXXXX, LINDA	XXX-XX-XXXX	AP-IN-PC	Female	XX/XX/XXXX

Est. Age	Ethnicity	Race	Disability
21	Unable To Determine	White	☒ Yes ☐ No

Hearing Impaired: ☐ Yes ☒ No 24 Access ☐ Yes ☒ No

Device Needed:

Name	ID Number	Role	Gender	DOB
XXXXX, Kassie	XXX-XX-XXXX	PC-SO	Female	XX/XX/XXXX

Est. Age	Ethnicity	Race	Disability
40	Other	White	☐ Yes ☒ No

Hearing Impaired: ☐ Yes ☒ No 24 Access ☐ Yes ☒ No

Device Needed:

Name	ID Number	Role	Gender	DOB
XXXXX, Isabella	XXX-XX-XXXX	V	Female	XX/XX/XXXX

Est. Age	Ethnicity	Race	Disability
1	Other	White	☐ Yes ☒ No

Hearing Impaired: ☐ Yes ☒ No 24 Access ☐ Yes ☒ No

Device Needed:

Name	ID Number	Role	Gender	DOB
XXXXX, Brian	XXX-XX-XXXX	HM-PC	Male	XX/XX/XXXX

Est. Age	Ethnicity	Race	Disability
20	Other	White	☐ Yes ☒ No

Hearing Impaired: ☐ Yes ☒ No 24 Access ☐ Yes ☒ No

Device Needed:

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.

AP = Alleged Perpetrator
CH = Child In Home
HM = Household Member
NM = Non-Household Member
PC = Parent/Caregiver
IN = Intake Name
SO = Significant Other
V = Victim
JS = Alleged Juvenile Sexual Offender
IC = Identified Child
RN = Referral Name / SC Referral Name

B. Address and Phone Information

Name	Type	Address	Telephone Number
XXXXX, LINDA ANN	Primary Residence	XXXXXXXXXX	(XXX)XXX-XXXX
XXXXX, Kassie Renee	Primary Residence	XXXXXXXXXX	
XXXXX, Isabella	Primary Residence	XXXXXXXXXX	(XXX)XXX-XXXX
XXXXX, Brian Matthew	Primary Residence	XXXXXXXXXX	

C. Relationships

Subject	Relationship	Subject
XXXXX, LINDA	Mother-Birth	XXXXX, Isabella
XXXXX, Brian	Father-Birth	XXXXX, Isabella
XXXXX, Kassie	Grandmother-Paternal	XXXXX, Isabella

D. Alleged Maltreatment

Alleged Victim	Maltreatment Code
XXXXX, Isabella	Inadequate Supervision

E. Location of Incident

Address – Street	Apt.	City	State	Zip Code

Telephone Number – Home	Telephone Number – Work	Telephone Number - Cell

II. Narratives

A. Allegation Narrative

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.

On 05/10/14, Linda, the mother, was baker acted due to a panic attack and she was cutting herself on her wrist. She walked to the paternal grandmother's home, sobbing and crying, looking for Brian, the father. She refused to eat and she was "moaning". She actually called 911 herself. She and Brian were having some type of dispute and she feels that he doesn't love her. Linda has a history of cutting herself. She has a history of leaving with their 11 month old baby, Isabella. Linda has taken Isabella to two unsafe places: one place was the maternal grandmother's home and another time, she allowed someone she met online to pick up her and Isabella. There was no harm at that time but, she had no food or diapers for Isabella. There are concerns that she is not mentally fit to handle Isabella.

Linda has also been known to grab Isabella placing her next to her and sit for long periods of time, rocking back and forth, crying. Isabella would be clutched by Linda and when asked to release Isabella, Linda would repeatedly scream, "You're not taking my baby".

On this incident, Isabella was not with Linda. There are concerns that Linda is not providing a safe environment for Isabella. She has also been known to take Isabella and run into a wooded area.

In the past, Linda left Isabella in a stroller too long and that incident left unusual marks on Isabella's buttocks; the marks looked like rug burns. About 3-4 months ago, Linda took Isabella and ran into a wooded area.

Brian and Linda have a residence that smelled like a cesspool. There was dried urine on the linoleum floors. Brian worked long hours but Linda was home every day with Isabella. They also have no running water at the location as of a week ago. They have been in this home for about a month.

Brian works in construction. Linda got fired from a Taco Bell.

Brain has mild cerebral palsy. Linda has currently been diagnosed with depression and possibly bipolar.

As of last weekend, Linda's home had no running water and she refused to allow Isabella to live with the paternal grandmother.

A. Provider Detail

B. Narrative for Worker Safety Concerns

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III. Agency Response

A. Recommendation

System Screening Recommendation	Counselor Screening Recommendation	Counselor Screening Reason
	Pending	
Counselor Name	Counselor Screening Date/Time	

Reason for Override:

System Response Priority Recommendation	Counselor Response Priority Recommendation	Date/Time Decision Made

Reason for Override:

B. Decision

Decision	Date/Time Decision Made	Reason
Screen In	05/10/2014 8:54 PM	Screen In - Accepted for Services/Investigation
Worker:	XXXXX, Sierra N	
Explain:		

IV. CI Unit Documentation

First Call Attempted Date/Time	Completed Call Date/Time

Call Log

Called Out By	Called To
XXXXX, XXXXX	

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INTAKE REPORT

Intake Name	Intake Number	County	Secondary County
XXXXX, LINDA	XXXX-125137-02	Gilchrist	Gilchrist

Date and Time Intake Received	Program Type	Investigative Sub-Type	Provider Name
05/11/2014 9:52 AM	Child Intake - Supplemental	In-Home	N/A

Background Checks Required	Reason	Call Record Number	3 Hits Reviewed
☐ Yes ☒ No	Supplemental		☐ Yes ☒ N/A

Worker Safety Concerns	Prior Involvement	Law Enforcement Notified
☐ Yes ☒ No	☒ Yes ☐ No	☐ Yes ☒ No

Send Florida Administrative Message to Law Enforcement ☐ Yes ☒ N/A

Response Time	Name – Worker	Name – Supervisor
	XXXXX, XXXXX	XXXXX, XXXXX

I. Family Information

Name – Family	Telephone Number – Home
XXXXX, LINDA	(XXX)XXX-XXXX

Address – Street	Unit Designator	City	State	Zip Code
XXXXXXXXXX		XXXXX	FL	XXXXX

Primary Language: Interpreter Needed: ☐ Yes ☒ No

Directions to House

24 hour location: Home address: XXXXX, FL XXXXX USPS verified as Gilchrist County

A. Participants

Name	ID Number	Role	Gender	DOB
XXXXX, LINDA	XXX-XX-XXXX	AP-IN-PC	Female	XX/XX/XXXX

Est. Age	Ethnicity	Race	Disability
21	Unable To Determine	White	☒ Yes ☐ No

Hearing Impaired: ☐ Yes ☒ No | 24 Access ☐ Yes ☒ No

Device Needed:

Name	ID Number	Role	Gender	DOB
XXXXX, Brian	XXX-XX-XXXX	HM-PC	Male	XX/XX/XXXX

Est. Age	Ethnicity	Race	Disability
20	Other	White	☐ Yes ☒ No

Hearing Impaired: ☐ Yes ☒ No | 24 Access ☐ Yes ☒ No

Device Needed:

Name	ID Number	Role	Gender	DOB
XXXXX, Kassie	XXX-XX-XXXX	PC-SO	Female	XX/XX/XXXX

Est. Age	Ethnicity	Race	Disability
40	Other	White	☐ Yes ☒ No

Hearing Impaired: ☐ Yes ☒ No | 24 Access ☐ Yes ☒ No

Device Needed:

Name	ID Number	Role	Gender	DOB
XXXXX, Isabella	XXX-XX-XXXX	V	Female	XX/XX/XXXX

Est. Age	Ethnicity	Race	Disability
1	Other	White	☐ Yes ☒ No

Hearing Impaired: ☐ Yes ☒ No | 24 Access ☐ Yes ☒ No

Device Needed:

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.

AP = Alleged Perpetrator
CH = Child In Home
HM = Household Member
NM = Non-Household Member
PC = Parent/Caregiver
IN = Intake Name
SO = Significant Other
V = Victim
JS = Alleged Juvenile Sexual Offender
IC = Identified Child
RN = Referral Name / SC Referral Name

B. Address and Phone Information

Name	Type	Address	Telephone Number
XXXXX, LINDA	Primary Residence	XXXXXXXXXX	(XXX)XXX-XXXX
XXXXX, Brian	Primary Residence	XXXXXXXXXX	
XXXXX, Kassie	Primary Residence	XXXXXXXXXX	
XXXXX, Isabella	Primary Residence	XXXXXXXXXX	(XXX)XXX-XXXX

C. Relationships

Subject	Relationship	Subject
XXXXX, LINDA	Mother-Birth	XXXXX, Isabella
XXXXX, Brian	Son	XXXXX, Kassie
XXXXX, Brian	Father-Birth	XXXXX, Isabella
XXXXX, Kassie	Mother	XXXXX, Brian
XXXXX, Kassie	Grandmother-Paternal	XXXXX, Isabella
XXXXX, Isabella	Daughter	XXXXX, LINDA
XXXXX, Isabella	Daughter	XXXXX, Brian
XXXXX, Isabella	Granddaughter	XXXXX, Kassie

D. Alleged Maltreatment

Alleged Victim	Maltreatment Code

E. Location of Incident

Address – Street	Apt.	City	State	Zip Code

Telephone Number – Home	Telephone Number – Work	Telephone Number - Cell

II. Narratives

A. Allegation Narrative

The mother is currently under a Baker Act at Meridian in Gainesville, FL. There were no new allegations.

A. Provider Detail

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.

B. Narrative for Worker Safety Concerns

III. Agency Response

A. Recommendation

System Screening Recommendation	Counselor Screening Recommendation	Counselor Screening Reason
	Pending	
Counselor Name	Counselor Screening Date/Time	

Reason for Override:

System Response Priority Recommendation	Counselor Response Priority Recommendation	Date/Time Decision Made

Reason for Override:

B. Decision

Decision	Date/Time Decision Made	Reason
Screen In	05/11/2014 9:56 AM	Screen In - Accepted for Services/Investigation
Worker:	XXXXX, XXXXX	
Explain:		

IV. CI Unit Documentation

First Call Attempted Date/Time	Completed Call Date/Time

Call Log

Called Out By	Called To
XXXXX, XXXXX	

FLORIDA SAFETY DECISION MAKING METHODOLOGY
Child Present Danger Assessment

Case Name: XXXXX, LINDA
Worker Name: XXXXX, XXXXX
Intake/Investigation ID: XXXX-XXXXXX

FSFN Case ID: XXXXXXXXX
Assessment Date: 05/11/2014
Completed Date: 05/12/2014

IDENTIFICATION OF THREATS OF DANGER TO A

CHILD I. DANGER THREATS

(Severity and significance of diminished Parent/Legal Guardian Protective Capacities as it relates to child vulnerability which creates a threat to child safety. The vulnerability of each child needs to be considered throughout information collection and assessment)

Yes	No	
☐	☒	1. Parent/Legal Guardian/Caregiver is not meeting child's basic and essential needs for food, clothing and/or supervision, AND child is/has already been seriously harmed or will likely be serious harmed.
☐	☒	2. Parent/Legal Guardian/Caregiver's intentional and willful act caused serious physical injury to the child, or the caregiver intended to seriously injure the child
☒	☐	3. Parent/Legal Guardian/Caregiver is violent, impulsive, or acting dangerously in ways that have seriously harmed the child or will likely seriously harm the child.
☐	☒	4. Parent/Legal Guardian/Caregiver is threatening to seriously harm the child; Parent/Legal Guardian is fearful he/she will seriously harm the child.
☐	☒	5. Parent/Legal Guardian/Caregiver views child and/or acts toward the child in extremely negative ways AND such behavior has or will result in serious harm to the child.
☐	☒	6. Child shows serious emotional symptoms requiring immediate intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that Parent/Legal Guardian/Caregiver is unwilling or unable to manage.
☐	☒	7. Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the Parent/Legal Guardian/Caregiver explanations are inconsistent with the illness or injury.
☐	☒	8. The child's physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger a child's physical health.
☐	☒	9. There are reports of serious harm and the child's whereabouts cannot be ascertained and/or there is a reason to believe that the family is about to flee to avoid agency intervention and/or refuses access to the child and the reported concern is significant and indicates serious harm.
☐	☒	10. Parent/Legal Guardian/Caregiver is not meeting the child's essential medical needs AND the child is/has already been seriously harmed or will likely be seriously harmed.
☐	☒	11. Other. Explain:

FLORIDA SAFETY DECISION MAKING METHODOLOGY
Child Present Danger Assessment

II. SAFETY INTERVENTION

☐ No Present Danger Threats are identified.

☒ Danger Threat(s) identified - Present danger threat is identified. Proceed to develop or modify existing Safety Plan, continue information collection and Family Functioning Assessment.

Briefly describe assessment of the Parent/Legal Guardian/Caregiver's historical and current capacity to, ability to, and willingness to protect the child.
On 5/10/14 the mother was cutting her arms, walking back forth between her home and the grandmother's home, acting out of control and would sit and rock back and forth with something clutched in her arms when the mother was taken to Shands ER where the mother
was Baker Acted on 5/10/14 and is currently at Meridian, but the baby was not in the care of the mother when the mother was Baker
Acted. Once released from Meridian the mother will access to the baby and is not clear if the mother stable enough to care for a baby. The mother is showing signs of instability while caring for the baby, such as having to be directed to feed, change and pick up baby
when crying. The mother will clutch to the baby very hard and rock back and forth and states she is hearing voices that tell her to do
bad things. The father stated she talks about hearing voices all the time. The mother has never been diagnosed with any mental issues that the father knows of. The father works and is not home with the mother and baby. Also, the mother is having hallucinations and at times the mother will run off into the woods with the baby. The mother will meet people and have them pick her up and disappear for a few days.

If at any time during agency intervention a danger threat is determined, immediately proceed to implementing a Safety Plan and conducting an In-Home Safety Analysis.

FLORIDA SAFETY DECISION MAKING METHODOLOGY

Child Safety Plan

Case Name:	XXXXX, LINDA	**Intake/Investigation ID:**	XXXX-XXXXXX
Worker Name:	XXXXX, XXXXX	**Effective Date:**	05/12/2014
Safety Plan Purpose:	Present Danger Plan	**Safety Plan Type:**	☐ Individual(s) ☒ Family

Child Name	Date of Birth	Age
XXXXX, Isabella	XX/XX/XXXX	1

I. DANGER THREAT(S) DESCRIPTION

Specific Threats to Child Safety – Describe safety concerns that would pose present or impending danger

The mother, Linda XXXXX was cutting herself and acting out of control on 5/10/14 when EMS transported her to Shand ER from there she was Baker Acted at Meridian. The mother is unstable and has no stability to care for the child, Isabella at this time. The mother has panic attacks and rocks the child back and forth in a clutching position. The mother states she hears voices talking to her and tell her to bad things. The mother will leave with the baby and no one knows where she is. The mother will try to run off in the woods with the baby. The mother go off with anyone she meets and no one will know where she can be located until the mother calls.

II. SAFETY PLAN

Actions to Keep Child Safe	Who is Responsible for the Action?	Resources or People Who Will Help	Freq. of Intervention
The grandmother, Kassie XXXXX and the father, Brian XXXXX agree to leave the child, Isabella XXXXX in the grandmother's care at the grandmother's home and the grandmother will provide all the child's needs.	Kassie XXXXX	Kassie XXXXX	24/7 Daily

III. TERMINATION

FLORIDA SAFETY DECISION MAKING METHODOLOGY

Child Safety Plan

Termination Date: 05/27/2014

Reason Plan is No Longer Required: Present Danger to Impending Danger

Other Reason Plan is No Longer Required:

IV. SIGNATURES

Caregiver: Date:

Caregiver: Date:

Other: Date:

Other: Date:

Worker: Date:

Supervisor: Date:

Worker will provide a copy to persons included in the plan to ensure child safety

Original: Caregiver

CONFIDENTIAL

FLORIDA SAFETY METHODOLOGY

Information Collection and Family Functioning Assessment

Case Name: XXXXX, LINDA

Initial Intake Received Date: 05/10/2014

Worker Name: XXXXX, XXXXX

Date Completed: 05/30/2014

FSFN Case ID: XXXXXXXXX

Intake/Investigation ID: XXXX-XXXXX

I. MALTREATMENT AND NATURE OF MALTREATMENT

What is the extent of the maltreatment? What surrounding circumstances accompany the alleged maltreatment?

Allegations: The abuse report was received on 5/10/14 Linda was Baker Acted and is not making safe decisions for her child, Isabella XXXXX, who is 12 months old.

The report is closing with Verified Findings for Inadequate Supervision, as to the father. Verified Findings for Family Violence as to both parents, and Verified Findings of Threatened Harm as to the mother. . The mother, Linda XXXXX, was cutting herself and acting out of control on 5/10/14 when EMS transported her to Shands Emergency Room, which resulted in the mother being Baker Acted and taken to CSU at Meridian. The mother is mentally unstable, with a history of mental health issues, including depression and panic attacks, since she was a teenager, and she has no home in which to care for the child, Isabella, at this time. The mother has panic attacks and rocks the child back and forth in a clutching position. The mother states she hears voices talking to her and they tell her to kill the father. The mother will leave with the baby and no one knows where she goes. Earlier this year the mother ran off in the woods with the baby after the father told her she needed to get back on her mental health medications. The mother took the child and went off with a person she had just met on Facebook , did not know where she was when the mother called the paternal grandmother, who had her cell phone pinged to locate them, and the grandmother went and retrieved them. The mother does not put Isabella's needs ahead of her own. Linda will sit and let Isabella cry for long periods of time without going to Isabella to comfort her by picking her up or seeing to her needs. Linda will let Isabella stay in her crib without getting up to check on her until late morning which sometimes is around 11:00 am and Isabella has a very wet diaper and has been crying for hours. Isabella will develop rashes and sores from the wet diapers. Linda has let Isabella fall off the couch several times, not preventing it from happening again and has let Isabella fall out of the crib.
Brian works all hours as a farm hand and is very verbal that he is not able to raise his child at this time. Brian is trying to get on his feet and appears to not feel the support from Linda that is needed in their relationship and to care for the needs of their child. He does not feel Linda is able mentally to take care of Isabella and is very concerned while he is working. However, the plan upon the mother's discharge from the Baker Act was for life in their family to resume as normal, whereby he would still go to work 5-6 days a week for an unknown amount of time, leaving the mother to be the primary caregiver to the child.

Related Impending Danger Threats **Based on case information specific to the Extent of Maltreatment and Circumstances Surrounding Maltreatment Assessment domains, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.**	**Impending Danger Threat?** **Yes**	**No**
Parent's/Legal Guardian's or Caregiver's intentional and willful act caused serious physical injury to the child, or the parent/legal guardian or caregiver intended to seriously injure the child.	☐	☒
Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the Parent's/Legal Guardian's or Caregiver's explanations are inconsistent with the illness or injury.	☐	☒
The child's physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger the child's physical health.	☐	☒
There are reports of serious harm and the child's whereabouts cannot be determined and/or there is a reason to believe that the family is about to flee to avoid agency intervention and/or the family refuses access to the child to assess for serious harm.	☐	☒
Parent/Legal Guardian or Caregiver is not meeting the child's essential medical needs AND the child is has already been seriously harmed or will likely be serious harmed.	☐	☒
Other. Explain:	☐	☒

II. CHILD FUNCTIONING

How does the child function on a daily basis? Include physical health, development; emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors that seem to provoke parent/caregiver reaction/behavior; activities with family and others. Include a description of each child's vulnerability based on threats identified.

XXXXX, ISABELLA
Isabella is a one year old year old infant who is normal in height and weight. She has recently begun to walk and run. She is able to hold her own bottle and sippy cup. She can say the grandmother's dogs name, bye-bye, hi, no and other small words for her age. Her grandmother describes her as a happy and wonderful baby, smiles and laughs a lot, she is learning independence since she has begun to walk. Because of her age, Isabella is highly dependent upon caregivers to provide for her care and safety.
XXXXX, AMANDA
Is child in home where Isabella was placed - not subject of investigation

Related Child Functioning Impending Danger Threats: **Based on case information specific to the Child Functioning Assessment domain, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.**	**Impending Danger Threat?** **Yes**	**No**
Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that the Parent/Legal Guardian or Caregiver are unwilling or unable to manage.	☐	☒

III. ADULT FUNCTIONING

How does the adult function on a daily basis? Overall life management. Include assessment and analysis of prior child abuse/neglect history, criminal behavior, impulse control, substance use/abuse, violence and domestic violence, mental health; include an assessment of the adult's physical health, emotion and temperament, cognitive ability; intellectual functioning; behavior; ability to communicate; self-control; education; peer and family relations, employment, etc.

XXXXX, BRIAN
Brian is a 19 year old white male, He is employed as a farm hand at a local farm in Trenton, Florida. He works long and various hours. If he is called to go to work he goes. Brian has no criminal history or local history in Florida. He has no DCF history as a father. Brian has a temper and a short fuse. These actions are a result of the conflict between him and the mother. Kassie admits that Brian is unable to be a father at this time and has been very verbal about that fact. He did not complete High School, however acquired his GED but has no higher education. He reports no mental health diagnosis. Brian has no history of alcohol abuse or drug abuse. Brian had a good childhood and stability. Although Brian has a diagnosis of Cerebral Palsy, this does appear to impact his physical abilities in his daily life. Brian works long and hard hours to try and make a better life for his family. There is a reported history of DV between Linda and Brian. Brain admits he has pushed Linda down on the bed, thrown dirty diapers at her, and pulled her hair.
XXXXX, LINDA
Linda is a 20 year old young mother who is unemployed and a stay at home mom. She never completed high school. She wants to go back and get her GED. She has prior DCF history in Florida with two past reports as a mother both closed with no indicators, but mental health issues were a concerning factor in her past DCF history. She has no local criminal history in Florida. She has no history of drugs or alcohol abuse in her past. She has no relationship with her mother and family, as she was removed from her parents for sexual abuse by the mother's paramour, and adopted by her grandmother. The only support she has is Brian's family. She is isolated in that she lives so far out of town and has no transportation. She has mental illnesses that are making her life difficult to manage along with stressors like money issues and isolation. She is diagnosed with anxiety, depression, and panic disorders, according to Brian she was supposed to be taking psychotropic medications, but was not taking them. There is a reported history of DV between Linda and Brian. Linda admits she has thrown objects at the father, put her hands around his neck, kicked him, scratched him, thrown dirty diapers at him, and has threatened to kill the father.

Related Adult Functioning Impending Danger Threats: **Based on case information specific to the Adult Functioning Assessment domain, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.**	**Impending Danger Threat?** **Yes**	**No**
Parent/Legal Guardian or Caregiver is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm to the child.	☒	☐

IV. PARENTING

General – What are the overall, typical, parenting practices used by the parents/legal guardians? Discipline/Behavior Management – What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?

XXXXX, BRIAN

Brian is a 19 year old father. He states that he loves being a parent seeing all the new things Isabella experiences in life, but he feels he works too much to care for his child as needed. He appears to be positively bonded with the child. He appears to lack the ability to protect the child as he witnessed the things Linda was doing as a parent that concerned him for the safety of his child and he never put his child first and protected his child by making sure Isabella was out of that environment and safe from harm. Brian does all he can to provide for his family and wants the best for his child, however, the plan upon the mother's discharge from the Baker Act was for life in their family to resume as normal, whereby he would still go to work 5-6 days a week for an unknown amount of time, leaving the mother to be the primary caregiver to the child.

XXXXX, LINDA

Linda is a 20 year old mother. She speaks highly of her child saying Isabella is a good girl and smart. Linda does not believe in physical discipline. Her primary method of discipline is talking to Isabella and saying "no". She sometimes, but not often enough according to Brian, cleans, cooks, and takes care of her child. She is not very protective of Isabella and she makes choices which are not safe for the child like taking her child into woods at night or by leaving the home and getting rides from strangers she has met on Facebook. Linda stated she loves her child and she does appear to love her, but is not bonded in a protective way where her child comes first before her own needs. Linda has mental health problems that impede her ability to care for her child at this time.

Related Parenting Impending Danger Threats: **Based on case information specific to the Parenting General and Parent Discipline Assessment domains, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.**	**Impending Danger Threat?** **Yes**	**No**
Parent/Legal Guardian or Caregiver is not meeting child's basic and essential needs for food, clothing, and/or supervision AND the child is/has already been seriously harmed or will likely be seriously harmed.	☒	☐
Parent/Legal Guardian or Caregiver is threatening to seriously harm the child and/or parent/legal guardian or caregiver is fearful he/she will seriously harm the child.	☐	☒
Parent/legal guardian or caregiver views child and/or acts toward the child in extremely negative ways AND such behavior has or will result in serious harm to the child.	☐	☒

V. PARENT/LEGAL GUARDIAN PROTECTIVE CAPACITIES ANALYSIS

Adults	Capacity Categories and Types																		
	Behavioral						Cognitive						Emotional						
	Controls Impulses	Takes Action	Sets aside own needs for child	Demonstrates adequate skills	Adaptive as a Parent/Legal Guardian	History of Protecting	Is self aware	Is intellectually able	Recognizes threats	Recognizes child's needs	Understands protective role	Plans and articulates plans for protection	Meets own emotional needs	Is resilient	Is tolerant	Is stable	Expresses love, empathy, sensitivity to the child	Is positively attached with child	Is aligned and supports the child
XXXXX, BRIAN	N	N	Y	N	N		Y	N	Y	Y	N	N	Y	N	N	Y	Y	N	Y
XXXXX, LINDA	N	N	N	N	N		N	N	N	N	N	N	N	N	N	N	Y	N	N

Parent/Legal Guardian Protective Capacity Determination Summary:

Protective capacities are sufficient to manage identified threats of danger in relation to child's vulnerability? Yes ☐ No ☒

VI. CHILD SAFETY DETERMINATION AND SUMMARY

Child	**Safety Determination**
XXXXX, AMANDA	☒ Safe – No impending danger safety threats that meet the safety threshold.

	☐ Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home. ☐ Unsafe
XXXXX, ISABELLA	☐ Safe – No impending danger safety threats that meet the safety threshold. ☐ Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home. ☒ Unsafe

Child Safety Analysis Summary:

The mother has anxiety, depression, and panic attacks and does not always make the best decisions, which put her child at risk for harm as well as mentally she is unable to care for her child and meet the child's basic needs. The father works too much and was not protective of the child. The father allowed the mother to continuously have behaviors towards the child which he saw as unstable and could harm his child and did not take action to develop a plan of protection for the child.

SAFETY ANALYSIS AND PLANNING

The Parent/Legal Guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.

The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.

Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home.

An in-home safety plan and the use of in-home safety services can sufficiently manage impending danger without the results of scheduled professional evaluations.

The Parent/Legal Guardians have a physical location in which to implement an in-home safety plan.

Summarize reason for Out of Home Safety Plan or removal/placement (if applicable), and conditions for return. Conditions for return should be related to reasons for removal and behaviorally based. These are parent/legal guardian actions and behaviors that must be demonstrated over time to sufficiently address the impending danger and allow for the child to safely return home.

There must be a responsible adult in the home who is positively aligned with the child and is able to recognize and take action to protect the child. A psychological evaluation is needed on the mother to see if she has the capacity to parent safely.

FLORIDA SAFETY DECISION MAKING METHODOLOGY

Child Safety Plan

Case Name:	XXXXX, LINDA	**Intake/Investigation ID:**	XXXX-XXXXX
Worker Name:	XXXXX, XXXXX	**Effective Date:**	05/12/2014
Safety Plan Purpose:	Impending Danger Safety Plan	**Safety Plan Type:**	☒ Individual(s) ☐ Family

Child Name	Date of Birth	Age
XXXXX, Isabella	XX/XX/XXXX	1

I. DANGER THREAT(S) DESCRIPTION

Specific Threats to Child Safety – Describe safety concerns that would pose present or impending danger

The mother, Linda XXXXX was cutting herself and acting out of control on 5/10/14 when EMS transported her to Shand ER from there she was Baker Acted at Meridian. The mother is unstable and has no stability to care for the child, Isabella at this time. The mother has panic attacks and rocks the child back and forth in a clutching position. The mother states she hears voices talking to her and tell her to bad things. The mother will leave with the baby and no one knows where she is. The mother will try to run off in the woods with the baby. The mother go off with anyone she meets and no one will know where she can be located until the mother calls.

II. SAFETY PLAN

Actions to Keep Child Safe	Who is Responsible for the Action?	Resources or People Who Will Help	Freq. of Intervention
The grandmother, Kassie XXXXX and the father, Brian XXXXX agree to leave the child, Isabella XXXXX in the grandmother's care at the grandmother's home and the grandmother will provide all the child's needs.	Kassie XXXX	Kassie XXXX	24/7 Daily

III. TERMINATION

FLORIDA SAFETY DECISION MAKING METHODOLOGY

Child Safety Plan

Termination Date:	05/14/2014
Reason Plan is No Longer Required:	Other
Other Reason Plan is No Longer Required:	Court ordered shelter of child

IV. SIGNATURES

Caregiver:	Date:
Caregiver:	Date:
Other:	Date:
Other:	Date:
Worker:	Date:
Supervisor:	Date:

Worker will provide a copy to persons included in the plan to ensure child safety

Original: Caregiver

Copy: File

FLORIDA SAFETY METHODOLGY
Family Functioning Assessment - Ongoing

Case Name: XXXXX, LINDA **FSFN Case ID:** XXXXXXX **Date of Most Recent Safety Plan:** 07/08/2014

Worker Name: XXXXX, XXXXX **Approval Date:** 00/00/0000

I. HOUSEHOLD COMPOSITION

Child Name	Date of Birth	Primary Goal	Concurrent Goal	Current Placement
XXXXX, Isabella	XXXXXXX	Reunification with parent(s)	Adoption	Relative, Relative Placement

Parent/ Legal Guardian(s)/ Other Adult Household Members in Caregiving Role:	
Name	Date of Birth
XXXXX, Brian	XXXXXX
XXXXX, Linda	XXXXXX

Family Support Network	
Name	Role

II. MALTREATMENT AND NATURE OF MALTREATMENT

What is the extent of the maltreatment? What surrounding circumstances accompany the alleged maltreatment?

Allegations: The abuse report was received on 5/10/14 Linda was Baker Acted and is not making safe decisions for her child, Isabella XXXXX, who is 12 months old.

The report is closing with Verified Findings for Inadequate Supervision, as to the father. Verified Findings for Family Violence as to both parents, and Verified Findings of Threatened Harm as to the mother. The mother, Linda, was cutting herself and acting out of control on 5/10/14 when EMS transported her to Shands Emergency Room, which resulted in the mother being Baker Acted and taken to CSU at Meridian. The mother is mentally unstable, with a history of mental health issues, including depression and panic attacks, since she was a teenager, and she has no home in which to care for the child, Isabella, at this time. The mother has panic attacks and rocks the child back and forth in a clutching position. The mother states she hears voices talking to her and they tell her to kill the father. The mother will leave with the baby and no one knows where she goes. Earlier this year the mother ran off in the woods with the baby after the father told her she needed to get back on her mental health medications. The mother took the child and went off with a person she had just met on Facebook , did not know where she was when the mother called the paternal grandmother, who had her cell phone pinged to locate them, and the grandmother went and retrieved them. The mother does not put Isabella's needs ahead of her own. Linda will sit and let Isabella cry for long periods of time without going to Isabella to comfort her by picking her up or seeing to her needs. Linda will let Isabella stay in her crib without getting up to check on her until late morning which sometimes is around 11:00 am and Isabella has a very wet diaper and has been crying for hours. Isabella will develop rashes and sores from the wet diapers. Linda has let Isabella fall off the couch several times, not preventing it from happening again and has let Isabella fall out of the crib.
Brian works all hours as a farm hand and is very verbal that he is not able to raise his child at this time. Brian is trying to get on his feet and appears to not feel the support from Linda that is needed in their relationship and to care for the needs of their child. He does not feel Linda is able mentally to take care of Isabella and is very concerned while he is working. However, the plan upon the mother's discharge from the Baker Act was for life in their family to resume as normal, whereby he would still go to work 5-6 days a week for an unknown amount of time, leaving the mother to be the primary caregiver to the child.

Additional Ongoing Information

III. CHILD FUNCTIONING

How does the child function on a daily basis? Include physical health, development; emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors that seem to provoke parent/caregiver reaction/behavior; activities with family and others. Include a description of each child's vulnerability based on threats identified.

XXXXX, Isabella
Isabella is a one-year old infant who appears to developing normally for a child her age. The child walks, crawls, runs, and can hold her own bottle and sippy cup. The is also able to say a couple words such as mammy for grandma, grandma, aunty, Abby which is the dog's name, hi, and bye. The caregiver have stated that the child is very easy going and a very happy baby. The child also seems to have the ability to learn things quickly and is described as a very smart baby. The child appears to be healthy overall and does not have any health concerns.

IV. ADULT FUNCTIONING

How does the adult function on a daily basis? Overall life management. Include assessment and analysis of prior child abuse/neglect history, criminal behavior, impulse control, substance use/abuse, violence and domestic violence, mental health; include an assessment of the adult's physical health, emotion and temperament, cognitive ability; intellectual functioning; behavior; ability to communicate; self-control; education; peer and family relations, employment, etc.

XXXXX, Brian
Brian is a 19 year old father. He is employed at a farm hand at a local farm in Trenton, Florida. The father has stated that he works very long hours and when prompted to come in, he will go, but he does not have a set schedule. The father has admitted to have a temper, short fuse, and possibly needing anger management. Brian's temper has led to disputes with the mother (Linda), the paternal grandmother, and his sister. He stated he tries to avoid fights with his mother out of respect for her but they sometime get into it. He says his temper is a lot better now than it has been in the past. Collateral reports have indicated that there is DV between the Linda and Brian. Brain admits he has pushed Linda down on the bed, thrown dirty diapers at her, and pulled her hair. Despite this, the father has no criminal history, no DCF history as a father, nor history of alcohol and substance abuse. The father did not complete high school but has his GED, which is also the highest education he has attained. The father has Cerebral Palsy, which causes some daily physical limitations but the father has learn to work through them. The father currently does not take treatment for this condition and states that he use to wear a brace for it which he has not worn in over 15 years. The father reported having no other health issues. The father stated that his childhood was pretty normal aside from his parents divorce which he said led to the typical divorce complications which made things a bit aggravating. The father stated that he spent most of his time with his grandfather helping out on the farm most of his childhood until his passing in 2007. The father further stated that May 19, 2014, has made it 2 years since being with Linda; this is his longest relationship and he says that they "met online and the rest was history." The father stated that they would typically fight about Linda's attitude when she is not on her medication because she demands things that get him upset and make him lose his temper. The father views his parents and siblings as a support system and expresses a strong desire to be able to provide for his family.

XXXXX, Linda
Linda is a 20-year old young mother. Linda never completed high school and is unemployed but stated that she would like to go back to get her GED. The mother has admitted to having a temper problem and several mental health issues that include depression, anxiety, and panic attacks which she was first diagnosed with when she was about 11 years old. These factors have led to Linda having constant disputes with the father (Brian). The mother stated that she stopped taking her medication because she thought she was pregnant and cannot take such medication during pregnancy, but reports she has since determined she is not pregnant and is back on her medication. The mother also stated that she has transportation to her appointments and Brian supports her in getting treated. The mother stated that she is not on Medicaid but only has to pay a co-pay of $3 for appointments which she can afford. Collateral reports have indicated that there is DV between the Linda and Brian. Linda admits she has thrown objects at the father, put her hands around his neck, kicked him, scratched him, thrown dirty diapers at him, and has threatened to kill the father. Despite this, the mother has neither criminal history nor history of alcohol and substance abuse. The mother does have prior DCF history with two past reports as a mother both closed with no indicators; in these reports, the mother's mental health issues were a concerning factor. The mother has reported as suffering from depression all of her life and reports that she wants to improve this. Since removal, the mother has stated that she has gotten back on her meds and made a follow-up appointment with her doctor set in June 2014 being that she started taking her medications again and they have recently finished. The mother has identified finances, lack of transportation, her relationship with Brian, and the distance of her home as being some of her

stressors. The mother describes her childhood as being okay and being adopted at the age of 6 by her foster mother. She attributes the start of her depression to being able to see her biological mother regularly until one Christmas her mother said she would come by and never returned. The mother stated that after this point she would stare out the window all the time and did not get back in contact with her mother until she was 18. The mother stated she is not in contact with her adoptive mother being that she disowned her due to not liking that she is with Brian "just because." The mother stated that she remains in contact with her 4 adoptive sisters, 3 adoptive brothers, and 2 adoptive nieces.

V. PARENTING

General – What are the overall, typical, parenting practices used by the parents/legal guardians? Discipline/Behavior Management – What are the disciplinary approaches used by the parents/legal guardians, and under what circumstances?

XXXXX, Brian

The father has stated that he loves his child and being a parent. The father has also admitted to working too many hours to be there for his child as much as he should be. The father works 5-6 days a week and is often times gone all day. Though this allows the father to be able to provide for the child, this prevents the child from being protected from the impulsive behaviors of the mother who is left at home with the child. The father has witnessed the mother do things that he has admitted concerned him for the child's safety. The father failed to make protective provisions for the child while he was not home. The father stated that he would come home from work and see that the child's diapers was dirty and that the floor was dirty. The father stated this would upset him and cause him to get a temper. The father further stated that whenever he was home, he cleaned each of the child's diapers. The father has admitted to having DV with the mother in the presence of the child. The father appears to love the child and show her the affection but fails to ensure the protection and safety that she needs. The father stated that if he could do things differently he would put his foot down a bit more and that he needs to work on is communicating "putting his foot down" without losing his temper.

XXXXX, Linda

The mother has stated that she loves her daughter and wants to be a good mother to her. The mother stated that her child is good, smart, and happy. The mother reported that she is a stay at home mom and that she would clean, cook, and care for the child, but the father stated that she did not do this often. It appears that the mother did not ensure the child was fed, cleaned regularly, and tended to when needed, but delegated these responsibilities to the father, even if it meant waiting on the father to come home to do it. The child is an infant and not able to make these provisions for herself. The mother states that she understands how her mental health affects her ability to parent but has not acted in a way that reflects this recognition. The mother has done several impulsive things with the child, such as run off in the woods with her because she was upset at the father, and has left with strangers, and left the child with them, as well. The mother states that she is now back on her medication and can see the effects of her actions without them. The mother stated that if she can do things differently she would be a better mother and make that the child was clean and never left alone. The mother further stated that she has been battling with depression all of her life and would like to work on improving it, as this affects her daily functioning as a parent.

VI. REASON FOR ONGOING INVOLVEMENT

Danger Statement (Develop in collaboration with the family)

The parents have demonstrated a lack of impulse control and the ability to protect their child from harm and meet her basic needs. The parents have had ongoing domestic violence in the presence of the child and the mother has significant mental health issues that have gone untreated. The father admits that he knew about the mother's mental health status, and observed that her impulsive actions and failure to meet the child's basic needs were putting the child at risk, however, he failed to take action to protect the child from harm. The mother reports having a long history of mental health issues, including past diagnosis and treatment, however, she has not followed through with recommended treatment or ongoing care to ensure that her mental health did not affect her ability to parent the child safely and effectively.

VII. FAMILY CHANGE STRATEGY

Family Goal: Describe how the family will be functioning when all children are safe and the family is able to independently meet the needs of their children. (Developed in collaboration with the family.)

FLORIDA SAFETY METHODOLGY
Family Functioning Assessment - Ongoing

The parents will have a safe and stable home and be able to provide for the child's basic needs. The child will be able to rely on the parents for love, support, and protection. The parents will demonstrate that they are consistently able to manage their impulses so that DV and mental health issues do not expose the child to danger. The parents will make life choices that do not negatively impact their ability to care for and protect their child.

Ideas: Describe ideas parent/legal guardian, worker, child or other network members have for moving toward the Family Goal.
The parents will demonstrate that they are able to control their impulses by refraining from domestic violence, treating mental health issues as prescribed, and putting their child's needs before their own. This should be a priority so that the parents can provide for the child's care and protection.

Potential Barriers: Describe things that could get in the way of change from the family's perspective and/or the family team's perspective.
Possible barriers will include the parents failure to develop a healthy relationship with their child by visiting consistently and being appropriate during visits; their failure take on parental responsibilities, instead relying on others to do this for them; their failure to maintain contact with the Family Care Counselor; their failure to engage in treatment services upon her release; and, their failure to demonstrate skill attainment, this will also hinder change.

VIII. CHILD NEED INDICATORS

Children	Child Needs									
	Emotional/ Trauma	Behavioral (e.g. risk taking behavior, runaway, etc)	Development	Education	Physical Health/ Disability	Family Relationships	Peer/ Adult Relationships	Cultural Identity	Substance Awareness	Life Skills Development
XXXXX, Isabella	A	A	A		A	A	A	A	A	

IX. PRIORITY NEEDS

	Rating	Include in Case Plan?

If the parent is meeting the need, describe their actions. If the parent needs support or assistance to meet the needs of the child, the need will be addressed in the Case Plan.
The child is an infant and appears to be very resilient to the situations that she has dealt with while in the care of her parents. The parents have deficits in caregiver protective capacities that put the child at serious risk of harm.

X. PROTECTIVE CAPACITIES

Adults	Capacity Categories and Types		
	Behavioral	Cognitive	Emotional

	Controls Impulses	Takes Action	Sets aside own needs for child	Demonstrates adequate skills	Adaptive as a Parent/Legal Guardian	History of Protecting	Is self aware	Is intellectually able	Recognizes threats	Recognizes child's needs	Understands protective role	Plans and articulates plans for protection	Meets own emotional needs	Is resilient	Is tolerant	Is stable	Expresses love, empathy, sensitivity to the child	Is positively attached with child	Is aligned and supports the child
XXXXX, Brian	C	C	C	C	B		C	B	C	C	C	D	C	B	C	C	B	C	C
XXXXX, Linda	D	D	D	C	C		C	C	D	C	D	D	D	D	C	C	B	C	C

XI. PRIORITY NEEDS

XXXXX, Brian	Rating	Include in Case Plan?
Plans and articulates plans for protection	D	Y
Controls Impulses	C	Y
Takes Action	C	Y
Sets aside own needs for child	C	Y
Demonstrates adequate skills	C	Y
Is self aware	C	Y
Recognizes threats	C	Y
Recognizes child's needs	C	Y
Understands protective role	C	Y
Meets own emotional needs	C	Y
Is tolerant	C	Y
Is stable	C	Y
Is positively attached with child	C	Y
Is aligned and supports the child	C	Y
XXXXX, Linda	Rating	Include in Case Plan?
Controls Impulses	D	Y
Takes Action	D	Y
Sets aside own needs for child	D	Y
Recognizes threats	D	Y
Understands protective role	D	Y
Plans and articulates plans for protection	D	Y
Meets own emotional needs	D	Y
Is resilient	D	Y
Demonstrates adequate skills	C	Y
Adaptive as a Parent/Legal Guardian	C	Y
Is self aware	C	Y
Is intellectually able	C	Y
Recognizes child's needs	C	Y
Is tolerant	C	Y
Is stable	C	Y
Is positively attached with child	C	Y

Is aligned and supports the child	C	Y

If a diminished protective capacity will not be addressed in the Case Plan, describe the assessment process to reach this conclusion.

XII. MOTIVATION FOR CHANGE

Adult	Motivation
XXXXX, Brian	Contemplation
XXXXX, Linda	Contemplation

XIII. IN-HOME SAFETY ANALYSIS AND PLANNING (removal home)

The Parent/Legal Guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.	No
The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely	No
Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home.	No
An in-home safety plan and the use of in-home safety services can sufficiently manage impending danger without the results of scheduled professional evaluations.	No
The Parent/Legal Guardians have a physical location in which to implement an in-home safety plan	No

In-Home Safety Plan is determined. Summarize the conditions that have changed since last safety analysis to support reunification with an In-Home Safety Plan.

Out-of-Home Safety Plan is the only protective intervention possible for one or more children (whether family designated arrangement or removal/placement). Summarize reason for Out-of-Home Safety Plan or Removal/Placement (if applicable), and Conditions for Return. Conditions for return should indicate what must change for an In-Home Safety Plan to be executed which would allow a child to return home with the use of in-home safety services in order to manage the way in which impending danger is manifested in the home while treatment and safety management services are implemented.
At this time, the parents have not demonstrated behavioral changes or engaged in any treatment services to reduce the risk to the child in order for the child to return safely to either of the parents' home. The parents have demonstrated a lack of impulse control and the inability to provide for the child's basic needs. Conditions for Return to the Parent: 1) The parents must demonstrate a willingness to develop and implement a safety plan for the children to safely return to the home. The mother needs to maintain consistent contact with the Family Care Counselor in order to arrange needed treatment services to assist the mother in behavioral changes. The parents need to begin to establish a meaningful relationship with the child and demonstrate an interest in the child and her needs. 2) The parents must have a calm and consistent home environment where the child can reside and in which an in-home safety plan can be implemented. The parents will need to be able to demonstrate that they can provide for the child's basic needs. The parents will need to demonstrate self-awareness and impulse control. The parents will need to establish sponsors and an appropriate support system to assist them in providing for the children's needs and to keep them safe.

3) The parents must be able to establish a safety plan with others who will be a positive support system. The positive support system must be able to assist the parents in keeping the children safe.

4) The parents must complete any professional evaluations needed, such as (but not limited to), psychological/mental health evaluations. The parents must agree to follow treatment recommendations and be willing to cooperate with treatment providers.

5) The parents need to have a physical location in which an In-Home Safety Plan can be implemented.

XIV. CURRENT SAFETY PLAN ASSESSMENT FOR SUFFICIENCY

☐ Safety plan is sufficient, no need for changes to the plan at this time.

☐ Safety plan is not sufficient, not controlling for child safety or no longer applicable;

☐ change in safety plan is needed. Safety plan is no longer needed.

IN-HOME SAFETY ANALYSIS AND PLANNING

In-Home Safety Plan is determined. Summarize the conditions that have changed since last safety analysis to support reunification with an In-Home Safety Plan.

Out-of-Home Safety Plan is the only protective intervention possible for one or more children (whether family designated arrangement or removal/placement).

Summarize reason for Out-of-Home Safety Plan or Removal/Placement (if applicable), and Conditions for Return. Conditions for
return should indicate what must change for an In-Home Safety Plan to be executed which would allow a child to return home with the use of in-home safety services in order to manage the way in which impending danger is manifested in the home while treatment and safety management services are implemented.

Based on the determination selected above, describe the assessment process to reach this conclusion.

Activity Report Out

Slide Purpose:

1. This slide is intended to provide a visual for the activity report out.

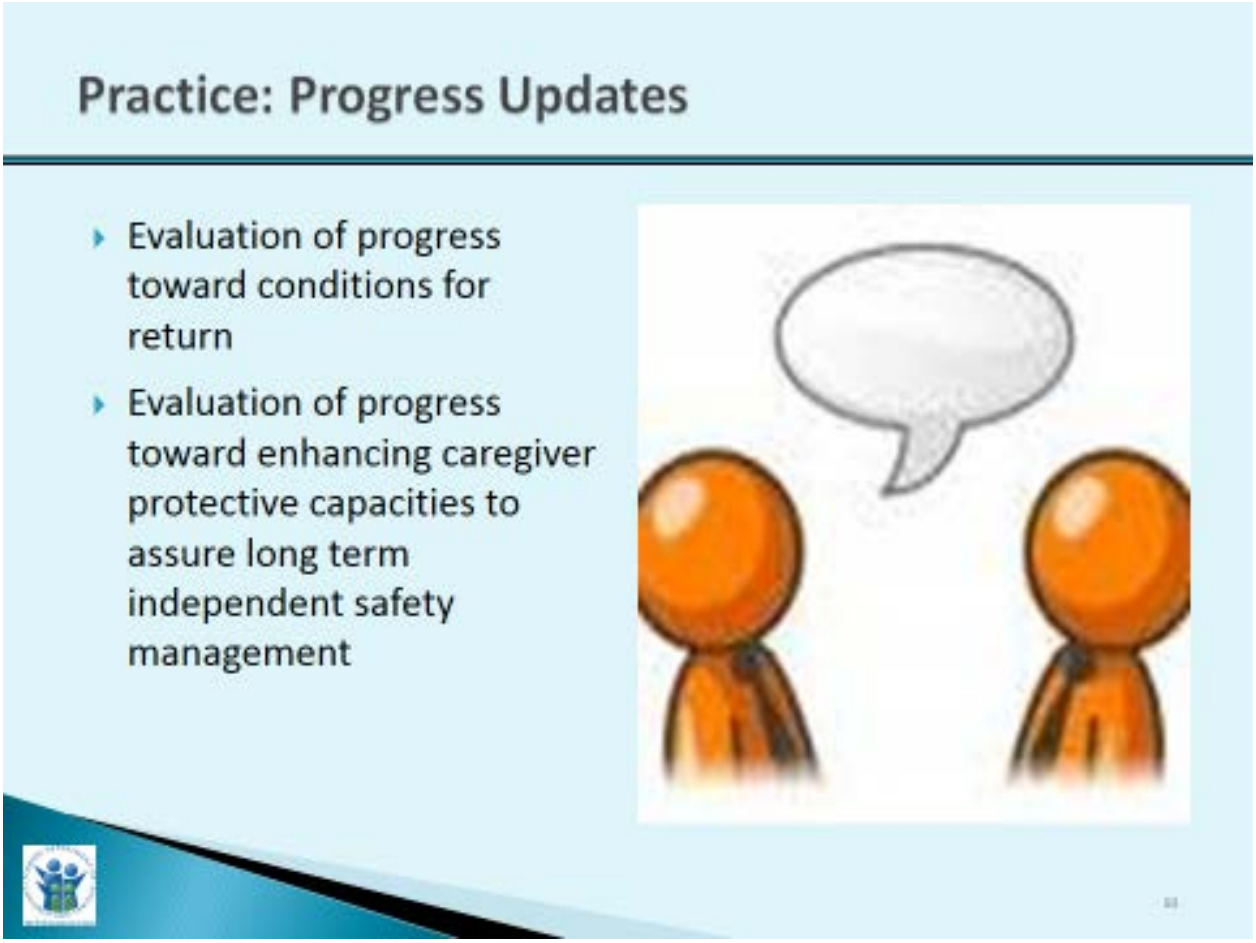
Trainer Note:

1. Use the trainer worksheet located in the Trainer Guide to guide the report out with groups.

Trainer Narrative:

1. Begin the exercise report out with the first question, record information on a flip chart as groups provide their information.
2. Validate accurate information, based upon the trainer guide and proceed to the next question, repeating the process.

3. Inquire of participants if they can identify how the information contained in the Family Functioning Assessment was used to inform the safety planning analysis?
4. How did the Ongoing FFA reflect further understanding of the family and specifically the conditions for return?
5. Transition to next slide.



Practice: Progress Updates

Slide Purpose:

1. To provide the instructions for the small group exercise.

Exercise/Activity:

1. Groups of 3-4 participants will complete the exercise.
2. Handouts for this exercise are located in the participant guide on **pages 92-128.**
3. **Case Progress Updates: Safety management focus on conditions for return.**

Trainer Narrative:

1. Inform participants that this is a group activity, where they will be reviewing progress updates on the case from the previous exercise.

2. The review will take us further in evaluating progress toward conditions for return as part of our safety management function.
3. Review the worksheet with participants prior to breaking into groups.
4. Inform participants that they will have 30 minutes to review the Progress Updates and to complete the worksheet.

Instructions for Case Progress Update Review

Purpose:

The purpose of this exercise is to provide a practice opportunity that allows participants to evaluate work towards achieving conditions for return, with a focus on stepping down safety plans from out of home plans to in-home plans.

Materials Needed:

- Safety Methodology Reference Guide

Instructions:

1. Working within your small groups, each participant is to review the Case Progress Updates (3 progress updates).
2. When reviewing the case, each participant should be considering:
    a. Case documentation that informs progress (or lack thereof) towards achievement of conditions for return;
    b. Case documentation that focuses on enhancing protective capacity to support long-term independent safety management.
3. Each participant should complete the case review sheet, answering the two questions and discussing the cases with the small group.
4. Conduct a large group report out following small group discussions.

Case Review Worksheet

1. Review the series of Progress Updates in this case, identify case information which supports the judgments made about progress or lack of progress toward achievement of conditions for return.

2. Review the series of Progress Updates in this case, evaluate the progress toward achievement of Outcomes which will support long-term independent safety management. How do you see the safety management and change management functions working together in this case?

Case Review Worksheet
TRAINER VERSION

1. **Review the series of Progress Updates in this case, identify case information which supports the judgments made about progress or lack of progress toward achievement of conditions for return.**

There are 3 progress updates in this case. The 8/21 progress updates reflects no changes in the conditions for return because parents have not engaged or made any progress.
8/29 Progress Update: The parents are no longer together at the time of this update and the Mother has moved in with her biological mother. Child remains in the same placement with maternal grandmother and maternal step-grandfather. The father is expressing an interest in working to be a better parent but his current incarceration has prevented him from engaging. Mother did not make contact after she moved and no progress has been made with engaging the mother in services.

1/26 progress update: Father has completed his parenting courses and will be scheduled for in-home parenting if he is reunified. He also completed a psych eval and batterers intervention was recommended but he has not engaged yet. Mother has just begun parenting classes and individual counseling, but not completed the course yet. She is still not on any meds and has not had her psych eval.

2. **Review the series of Progress Updates in this case, evaluate the progress toward achievement of Outcomes which will support long-term independent safety management. How do you see the safety management and change management functions working together in this case?**

From the establishment of the outcomes in this case, the relationship between the change goals and the safety goals are clear. The mother's mental health condition represents a safety concern in the short term and a treatment goal in the long term. She will never be able to be a successful parent long term unless her mental health condition is understood by her and treated and managed by her. The relationship between the parents which has included violence is also a safety concern as well as a long-term treatment concern.

FLORIDA SAFETY DECISION MAKING METHODOLOGY
Progress Update

Case Name: XXXXX, LINDA FSFN Case ID: XXXXXXX Date of Most Recent Safety Plan:
Worker Name: XXXXX, XXXXX Approval Date: XX/XX/XXXX

I. HOUSEHOLD COMPOSITION

Child Name	Date of Birth	Primary Goal	Concurrent Goal	Current Placement
XXXXX, Isabella	XX/XX/XX	Reunification with parent(s)	Adoption	Relative, Relative Placement

Parent/ Legal Guardian(s)/ Other Adult Household Members in Caregiving Role:	
Name	Date of Birth
XXXXX, Brian	XX/XX/XX
XXXXX, LINDA	XX/XX/XX

Family Support Network	
Name	Role

II. MALTREATMENT AND NATURE OF MALTREATMENT

What is the extent of the maltreatment? What surrounding circumstances accompany the alleged maltreatment?

Allegations: The abuse report was received on 5/10/14 Linda was Baker Acted and is not making safe decisions for her child, Isabella XXXXX, who is 12 months old.

The report is closing with Verified Findings for Inadequate Supervision, as to the father. Verified Findings for Family Violence as to both parents, and Verified Findings of Threatened Harm as to the mother. .The mother, Linda XXXXX, was cutting herself and acting out of control on 5/10/14 when EMS transported her to Shands Emergency Room, which resulted in the mother being Baker Acted and taken to CSU at Meridian. The mother is mentally unstable, with a history of mental health issues, including depression and panic attacks, since she was a teenager, and she has no home in which to care for the child, Isabella, at this time. The mother has panic attacks and rocks the child back and forth in a clutching position. The mother states she hears voices talking to her and they tell her to kill the father. The mother will leave with the baby and no one knows where she goes. Earlier this year the mother ran off in the woods with the baby after the father told her she needed to get back on her mental health medications. The mother took the child and went off with a person she had just met on Facebook , did not know where she was when the mother called the paternal grandmother, who had her cell phone pinged to locate them, and the grandmother went and retrieved them. The mother does not put Isabella's needs ahead of her own. Linda will sit and let Isabella cry for long periods of time without going to Isabella to comfort her by picking her up or seeing to her needs. Linda will let Isabella stay in her crib without getting up to check on her until late morning which sometimes is around 11:00 am and Isabella has a very wet diaper and has been crying for hours. Isabella will develop rashes and sores from the wet diapers. Linda has let Isabella fall off the couch several times, not preventing it from happening again and has let Isabella fall out of the crib.
Brian works all hours as a farm hand and is very verbal that he is not able to raise his child at this time. Brian is trying to get on his feet and appears to not feel the support from Linda that is needed in their relationship and to care for the needs of their child. He does not feel Linda is able mentally to take care of Isabella and is very concerned while he is working. However, the plan upon the mother's discharge from the Baker Act was for life in their family to resume as normal, whereby he would still go to work 5-6 days a week for an unknown amount of time, leaving the mother to be the primary caregiver to the child.

Additional Ongoing Information

The parents are no longer together. The mother has moved to Umatilla, FL with her biological mother, whose rights were terminated when she was a child. The father has placed a restraining order on the mother being that he states he is tired of everything with her and is over it. The child continues to be placed with the maternal grandmother and maternal step-grandfather and is doing really well in this placement.

III. CHILD FUNCTIONING

How does the child function on a daily basis? Include physical health, development; emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors that seem to provoke parent/ caregiver reaction/ behavior; activities with family and others. Include a description of each child's vulnerability based on threats identified.

XXXXX, Isabella
Isabella is a one-year old infant who appears to developing normally for a child her age. The child walks, crawls, runs, and can hold her own bottle and sippy cup. The is also able to say a couple words such as mammy for grandma, grandma, aunty, Abby which is the dog's name, hi, and bye. The caregiver have stated that the child is very easy going and a very happy baby. The child also seems to have the ability to learn things quickly and is described as a very smart baby. The child appears to be healthy overall and does not have any health concerns. The child is enrolled in daycare and has been doing really well adjusting and playing with other children.

IV. ADULT FUNCTIONING

How does the adult function on a daily basis? Overall life management. Include assessment and analysis of prior child abuse/ neglect history, criminal behavior, impulse control, substance use/ abuse, violence and domestic violence, mental health; include an assessment of the adult's physical health, emotion and temperament, cognitive ability; intellectual functioning; behavior; ability to communicate; self-control; education; peer and family relations; employment, etc.

XXXXX, Brian
Brian is a 19 year old father. He was previously employed at a farm hand at a local farm in Trenton, Florida where he worked very long hours. However, the father is no longer employed and currently works odd jobs. The father stated that he has applied to work for the city and hopes it can give him something more stable. The father has admitted to have a temper, short fuse, and possibly needing anger management. Brian's temper has led to disputes with the mother (Linda), the paternal grandmother, and his sister. He stated he tries to avoid fights with his mother out of respect for her but they sometime get into it. He says his temper is a lot better now than it has been in the past. Collateral reports have indicated that there is DV between the Linda and Brian. Brain admits he has pushed Linda down on the bed, thrown dirty diapers at her, and pulled her hair. Despite this, the father has no criminal history, no DCF history as a father, nor history of alcohol and substance abuse. The father did not complete high school but has his GED, which is also the highest education he has attained. The father has Cerebral Palsy, which causes some daily physical limitations but the father has learn to work through them. The father currently does not take treatment for this condition and states that he use to wear a brace for it which he has not worn in over 15 years. The father reported having no other health issues. The father stated that his childhood was pretty normal aside from his parents divorce which he said led to the typical divorce complications which made things a bit aggravating. The father stated that he spent most of his time with his grandfather helping out on the farm most of his childhood until his passing in 2007. The father further stated that May 19, 2014, has made it 2 years since being with Linda; this was his longest relationship and he says that they "met online and the rest was history." The father stated that they would typically fight about Linda's attitude when she is not on her medication because she demands things that get him upset and make him lose his temper. The father views his parents and siblings as a support system and expresses a strong desire to be able to provide for his family. The father and the mother are no longer in a relationship and the father has since placed a restraining order on the mother. The father stated that he is fed up with the mother not doing anything. The father stated that she would use the child over his head to stay but since she is not in their care, he has been able to see things more clear and no longer wants to be with her.
XXXXX, LINDA
Linda is a 20-year old young mother. Linda never completed high school and is unemployed but stated that she would like to go back to get her GED. The mother has admitted to having a temper problem and several mental health issues that include depression, anxiety, and panic attacks which she was first diagnosed with when she was about 11 years old. These factors have led to Linda having constant disputes with the father (Brain). The mother stated that she stopped taking her medication because she thought she was pregnant and cannot take such medication during pregnancy, but reports she has since determined she is not pregnant and is back on her medication. The mother also stated that she has transportation to her appointments and Brian supports her in getting treated. The mother stated that she is not on Medicaid but only has to pay a co-pay of $3 for appointments which she can afford. Collateral reports have indicated that there is DV between the Linda and Brian. Linda admits she has thrown objects at the father, put her hands around his neck, kicked him, scratched him, thrown dirty diapers at him, and has threatened to kill the father. Despite this, the mother has neither criminal history nor history of alcohol and substance abuse. The mother does have prior DCF history with two past reports as a mother both closed with no indicators; in these reports, the mother's mental health issues were a concerning factor. The mother has reported as suffering from depression all of her life and reports that she wants to improve this. Since removal, the mother has stated that she has gotten back on her meds and made a follow-up appointment with her doctor set in June 2014 being that she started taking her medications again and they have recently finished. The mother has identified finances, lack of transportation, her relationship with Brian, and the distance of her home as being some of her stressors. The mother describes her childhood as being okay and being adopted at the age of 6 by her foster mother. She attributes the start of her depression to being able to see her biological mother regularly until one Christmas her mother said she would come by and never returned. The mother stated that after this point she would stare out the window all the time and did not get back in contact with her mother until she was 18. The mother stated she is not in contact with

her adoptive mother being that she disowned her due to not liking that she is with Brian "just because." The mother stated that she remains in contact with her 4 adoptive sisters, 3 adoptive brothers, and 2 adoptive nieces.
The mother has relocated to Umatilla, FL to reside with her biological mother. The father placed a restraining order on the mother. The mother went to stay with her sister in Gainesville, FL but they returned her to Trenton and told her they cannot deal with her mental health issues. The mother then stated she did not have anywhere else to go and went to her mother.

V. PARENTING

General – What are the overall, typical, parenting practices used by the parents/ legal guardians? Discipline/ Behavior Management – What are the disciplinary approaches used by the parents/ legal guardians, and under what circumstances?

XXXXX, Brian

The father has stated that he loves his child and being a parent. The father has also admitted to working too many hours to be there for his child as much as he should be. The father works 5-6 days a week and is often times gone all day. Though this allows the father to be able to provide for the child, this prevents the child from being protected from the impulsive behaviors of the mother who is left at home with the child. The father has witnessed the mother do things that he has admitted concerned him for the child's safety. The father failed to make protective provisions for the child while he was not home. The father stated that he would come home from work and see that the child's diapers was dirty and that the floor was dirty. The father stated this would upset him and cause him to get a temper. The father further stated that whenever he was home, he cleaned each of the child's diapers. The father has admitted to having DV with the mother in the presence of the child. The father appears to love the child and show her the affection but fails to ensure the protection and safety that she needs. The father stated that if he could do things differently he would put his foot down a bit more and that he needs to work on is communicating "putting his foot down" without losing his temper.

The father initially did not visit with the child on a consistent basis and would seldomly interact with the child when they did visit. The father has since made more attempts to visit with the child since being broken up with the mother and has began to engage with the child more. The father is open to the caregiver's suggestions for visits on how to play with the child. The father has stated that he wants to do whatever he can to get his child back despite not being with the mother and he thinks he can handle parenting alone with resources such as daycare. The father has stated that he is now able to see things that the mother was failing to do more clearly but thought that she would have priority over keeping the child so he did not try to leave with the child but wishes that he did now.

XXXXX, LINDA

The mother has stated that she loves her daughter and wants to be a good mother to her. The mother stated that her child is good, smart, and happy. The mother reported that she is a stay at home mom and that she would clean, cook, and care for the child, but the father stated that she did not do this often. It appears that the mother did not ensure the child was fed, cleaned regularly, and tended to when needed, but delegated these responsibilities to the father, even if it meant waiting on the father to come home to do it. The child is an infant and not able to make these provisions for herself. The mother states that she understands how her mental health affects her ability to parent but has not acted in a way that reflects this recognition. The mother has done several impulsive things with the child, such as run off in the woods with her because she was upset at the father, and has left with strangers, and left the child with them, as well. The mother states that she is now back on her medication and can see the effects of her actions without them. The mother stated that if she can do things differently she would be a better mother and make that the child was clean and never left alone. The mother further stated that she has been battling with depression all of her life and would like to work on improving it, as this affects her daily functioning as a parent.

The mother initially did not consistently visit with the child. Whenever the mother got into a dispute with the father, the mother would suddenly demand to the caregiver to see the child every day. The mother appears to be very emotionally dependent on the father and would transfer this to the child when he is not available. The caregivers are willing to arrange to meet with the mother in Ocala and sends her pictures regularly.

VI. REASONS FOR ONGOING INVOLVEMENT

Danger Statement (Develop in collaboration with the family)

The parents have demonstrated a lack of impulse control and the ability to protect their child from harm and meet her basic needs. The parents have had ongoing domestic violence in the presence of the child and the mother has significant mental health issues that have gone untreated. The father admits that he knew about the mother's mental health status, and observed that her impulsive actions and failure to meet the child's basic needs were putting the child at risk, however, he failed to take action to protect the child from harm. The mother reports having a long history of mental health issues, including past diagnosis and treatment, however, she has not followed through with recommended treatment or ongoing care to ensure that her mental health did not affect her ability to parent the child safely and effectively.

VII. FAMILY CHANGE STRATEGY

FLORIDA SAFETY DECISION MAKING METHODOLOGY
Progress Update

Family Goal: Describe how the family will be functioning when all children are safe and the family is able to independently meet the needs of their children. (Developed in collaboration with the family)

The parents will have a safe and stable home and be able to provide for the child's basic needs. The child will be able to rely on the parents for love, support, and protection. The parents will demonstrate that they are consistently able to manage their impulses so that DV and mental health issues do not expose the child to danger. The parents will make life choices that do not negatively impact their ability to care for and protect their child.

Ideas: Describe parent/ legal guardian, worker, child or other network members have for moving toward the Family Goal.

The parents will demonstrate that they are able to control their impulses by refraining from domestic violence, treating mental health issues as prescribed, and putting their child's needs before their own. This should be a priority so that the parents can provide for the child's care and protection.

Potential Barriers: Describe things that could get in the way of change from the family's perspective and/ or the family team's perspective.

Possible barriers will include the parents failure to develop a healthy relationship with their child by visiting consistently and being appropriate during visits; their failure take on parental responsibilities, instead relying on others to do this for them; their failure to maintain contact with the Family Care Counselor; their failure to engage in treatment services upon her release; and, their failure to demonstrate skill attainment, this will also hinder change.

VIII. CHILD NEED INDICATORS

Children	Child Needs									
	Emotional/ Trauma	Behavioral (e.g. risk taking behavior, runaway, etc.)	Development	Education	Physical Health/ Disability	Family Relationships	Peer./ Adult Relationships	Cultural Identity	Substance Awareness	Life Skills Development
XXXXX, Isabella	A	A	A		A	A	A	A	A	

IX. PRIORITY NEEDS

	Rating	Parent Meeting Needs?

If the parent is meeting the need, describe their actions. If the parent needs support or assistance to meet the needs of the child, the need will be addressed in the Case Plan.

X. PROTECTIVE CAPACITIES

Adults	Capacity Categories and Types		
	Behavioral	Cognitive	Emotional

FLORIDA SAFETY DECISION MAKING METHODOLOGY
Progress Update

	Controls Impulses	Takes Action	Sets aside own needs for Child	Demonstrates adequate skills	Adaptive as a Parent/ Legal Guardian	History of Protecting	Is self aware	Is intellectually able	Recognizes threats	Recognizes child's needs	Understands protective role	Plans and articulates plans for protection	Meets own emotional needs	Is resilient	Is tolerant	Is stable	Expresses love, empathy, sensitivity to the child	Is positively attached with child	Is aligned and supports the child
XXXXX, Brian	C	B	D	C	B	B	C	B	B	C	C	C	C	B	C	B	B	C	C
XXXXX, LINDA	D	D	D	C	C	B	C	C	D	C	D	D	D	D	C	C	B	C	C

XI. PRIORITY NEEDS

XXXXX, Brian	Rating	Include in Case Plan?
Sets aside own needs for child	D	Y
Controls Impulses	C	Y
Demonstrates adequate skills	C	Y
Is self aware	C	Y
Recognizes child's needs	C	Y
Understands protective role	C	Y
Plans and articulates plans for protection	C	Y
Meets own emotional needs	C	Y
Is tolerant	C	Y
Is positively attached with child	C	Y
Is aligned and supports the child	C	Y

XXXXX, LINDA	Rating	Include in Case Plan?
Controls Impulses	D	Y
Takes Action	D	Y
Sets aside own needs for child	D	Y
Recognizes threats	D	Y
Understands protective role	D	Y
Plans and articulates plans for protection	D	Y
Meets own emotional needs	D	Y
Is resilient	D	Y
Demonstrates adequate skills	C	Y
Adaptive as a Parent/Legal Guardian	C	Y
Is self aware	C	Y
Is intellectually able	C	Y
Recognizes child's needs	C	Y
Is tolerant	C	Y
Is stable	C	Y
Is positively attached with child	C	Y
Is aligned and supports the child	C	Y

If diminished protective capacity will not be addressed in the Case Plan, describe the assessment process to reach this conclusion.

XII. MOTIVATION FOR CHANGE

Adult	Motivation
XXXXX, Brian	Preparation
XXXXX, LINDA	Contemplation

XIII. IN-HOME SAFETY ANALYSIS AND PLANNING (removal home)

The Parent/Legal Guardians are willing for an In-Home Safety Plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.	No
The home environment is calm and consistent enough for an In-Home Safety Plan to be implemented and for safety service providers to be in the home safely.	No
Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home.	No
An In-Home Safety Plan and the use of In-Home safety services can sufficiently manage impending danger without the results of scheduled professional evaluations.	No
The Parent/Legal Guardians have a physical location in which to implement an In-Home Safety Plan.	No

In-Home Safety Plan is determined. Summarize the conditions that have changed since last safety analysis to support reunification with an In-Home Safety Plan

Out-of-Home Safety Plan is the only protective intervention possible for one or more children (whether family designated arrangement or removal/ placement). Summarize reason for Out-of-Home Safety Plan or Removal/ Placement (if applicable), and Conditions for Return. Conditions for return should indicate what must change for an In-Home Safety Plan to be executed which would allow a child to return home with the use of in-home safety services in order to manage the way in which impending danger is manifested in the home while treatment and safety management services are implemented.
At this time, the parents have not demonstrated behavioral changes or engaged in any treatment services to reduce the risk to the child in order for the child to return safely to either of the parents' home. The parents have demonstrated a lack of impulse control and the inability to provide for the child's basic needs. Conditions for Return to the Parent: 1) The parents must demonstrate a willingness to develop and implement a safety plan for the children to safely return to the home. The mother needs to maintain consistent contact with the Family Care Counselor in order to arrange needed treatment services to assist the mother in behavioral changes. The parents need to begin to establish a meaningful relationship with the child and demonstrate an interest in the child and her needs. 2) The parents must have a calm and consistent home environment where the child can reside and in which an in-home safety plan can be implemented. The parents will need to be able to demonstrate that they can provide for the child's basic needs. The parents will need to demonstrate self-awareness and impulse control. The parents will need to establish sponsors and an appropriate support system to assist them in providing for the children's needs and to keep them safe. 3) The parents must be able to establish a safety plan with others who will be a positive support system. The positive support system must be able to assist the parents in keeping the children safe. 4) The parents must complete any professional evaluations needed, such as (but not limited to), psychological/mental health evaluations. The parents must agree to follow treatment recommendations and be willing to cooperate with treatment providers.

5) The parents need to have a physical location in which an In-Home Safety Plan can be implemented.

XIV. CURRENT SAFETY PLAN ASSESSMENT FOR SUFFICIENCY

☐ Safety plan is sufficient, no need for changes to the plan at this time.

☐ Safety plan is not sufficient, not controlling for child safety or no longer applicable; change in safety plan is needed.

☐ Safety plan is no longer needed.

IN-HOME SAFETY ANALYSIS AND PLANNING

In-Home Safety Plan is determined. Summarize the conditions that have changed since last safety analysis to support reunification with an In-Home Safety Plan.

Out-of-Home Safety Plan is the only protective intervention possible for one or more children (whether family designated arrangement or removal/ placement). Summarize reason for Out-of-Home Safety Plan or Removal/ Placement (if applicable), and Conditions for Return. Conditions for return should indicate what must change for an In-Home Safety Plan to be executed which would allow a child to return home with the use of in-home safety services in order to manage the way in which impending danger is manifested in the home while treatment and safety management services are implemented.

Based on the determination selected above, describe the assessment process to reach this conclusion.

XV. OUTCOME(S) EVALUATION

OUTCOME # 1 Brian XXXXX is able to demonstrate the skills necessary to parent his child safely and effectively.
Outcome Achievement: Mr. XXXXX is able to demonstrate knowledge of child development, safety risks, and the need for age appropriate supervision, and is able to demonstrate that he can use his knowledge to parent safely and effectively.
Applies to the following participants: XXXXX, Brian — **Est. Cost to Parent(s) (if applicable):** $0.00

Who	Actions/Tasks	Est. Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Service Referral	Service Referral Request Needed	Freq of Service
XXXXX, Brian	Parenting Class; Sign provider releases; Follow provider recommendations that may result from participation in this service.	05/14/2015	CBC pays for local service. Additional recommendations reviewed as needed.	Trenton, FL	07/22/2014	Yes	Weekly

Provider Name	FSFN Provider	Provider Address	Provider Phone Number	Provider Email
XXXXX	Yes	XXXXXXXXXX		

Service Category	Service Type	Task Complete

Parent Education/Training		Parenting Group			No		
Who	**Actions/Tasks**	**Est. Completion Date**	**Responsible Party for Cost**	**Location of Delivery of Services**	**Date of Service Referral**	**Service Referral Request Needed**	**Freq of Service**
XXXXX, Brian	In-Home Parenting Mentoring, upon Reunification. Parent agrees to sign provider releases and follow recommendations made by the provider during participation in this service.	05/14/2015	CBC pays for local service. Additional recommendations reviewed as needed.	At home.		No	Weekly

Provider Name	**FSFN Provider**	**Provider Address**	**Provider Phone Number**	**Provider Email**
XXXXX	No			

Service Category	**Service Type**	**Task Complete**
Parent Education/Training	In-home Parenting	No

Overall Outcome Progress:

- ☐ Excellent
- ☒ Adequate
- ☐ Not Adequate
- ☐ No Progress

Explanation of progress assessment: Brian XXXXX has completed his parenting courses and will be scheduled for in-home parenting if he is reunified.

OUTCOME # 2 Brian XXXXX is able to manage his mental health effectively so that he can parent safely and effectively. The father's mental health will not negatively impact his ability to parent.	
Outcome Achievement: Mr. XXXXX will demonstrate the ability to effectively manage his mental health in an effort to keep it from interfering with his ability to safely provide for and protect his child.	
Applies to the following participants: XXXXX, Brian	**Est. Cost to Parent(s) (if applicable):** $0.00

Who	**Actions/Tasks**	**Est. Completion Date**	**Responsible Party for Cost**	**Location of Delivery of Services**	**Date of Service Referral**	**Service Referral Request Needed**	**Freq of Service**
XXXXX, Brian	Psychological Evaluation; Parent agrees to sign provider releases and follow recommendations made by the provider that may result from participation in this evaluation.	05/14/2015	CBC pays for local service. Additional recommendations reviewed as needed.	CBC pays for local service. Additional recommendations reviewed as needed.	06/03/2014	Yes	One-Time

Provider Name	**FSFN Provider**	**Provider Address**	**Provider Phone Number**	**Provider Email**
XXXXX	Yes	XXXXXXXXXX		

Service Category	**Service Type**	**Task Complete**
Assessment & Evaluation	Psychological Evaluation	No

Overall Outcome Progress:

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☐ Excellent
☐ Adequate
☒ Not Adequate
☐ No Progress

Explanation of progress assessment: Brian has completed a psychological evaluation and Batterers Intervention Program was recommended. He has not yet engaged.

OUTCOME # 3 Linda XXXXX is able to demonstrate the skills necessary to parent safely and effectively.							
Outcome Achievement: Ms. XXXXX demonstrates knowledge of child development, safety risks, and the need for age appropriate supervision, and is able to demonstrate that he can parent safely and effectively.							
Applies to the following participants: XXXXX, LINDA					**Est. Cost to Parent(s) (if applicable):** $0.00		
Who	**Actions/Tasks**	**Est. Completion Date**	**Responsible Party for Cost**	**Location of Delivery of Services**	**Date of Service Referral**	**Service Referral Request Needed**	**Freq of Service**
XXXXX, LINDA	Parenting Class; Sign provider releases; Follow provider recommendations that may result from participation in this service.	XX/XX/XXXX	CBC pays for local service. Additional recommendations reviewed as needed.	XXXXX, FL		No	Weekly

Provider Name	**FSFN Provider**	**Provider Address**	**Provider Phone Number**	**Provider Email**
XXXXX	No			

Service Category	**Service Type**	**Task Complete**
Parent Education/Training	Parenting Group	No

Who	**Actions/Tasks**	**Est. Completion Date**	**Responsible Party for Cost**	**Location of Delivery of Services**	**Date of Service Referral**	**Service Referral Request Needed**	**Freq of Service**
XXXXX, LINDA	In-Home Parenting Mentoring, upon Reunification. Parent agrees to sign provider releases and follow recommendations made by the provider during participation in this service.	XX/XX/XXXX	CBC pays for local service. Additional recommendations reviewed as needed.	At home.		No	Weekly

Provider Name	**FSFN Provider**	**Provider Address**	**Provider Phone Number**	**Provider Email**
Approved provider, to be determined.	No			

Service Category	**Service Type**	**Task Complete**
Parent Education/Training	In-home Parenting	No

Overall Outcome Progress:

☐ Excellent
☐ Adequate
☒ Not Adequate
☐ No Progress

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Explanation of progress assessment: Linda has begun to engage in parenting classes and individual counseling but has not yet completed the course.

OUTCOME # 4 Linda XXXXX is able to manage her mental health effectively so that she can parent safely and effectively. The mother's mental health will not negatively impact her ability to parent.

Outcome Achievement: Ms. XXXXX will demonstrate the ability to effectively manage her mental health in an effort to keep it from interfering with her ability to safely provide for and protect her children.

Applies to the following participants: XXXXX, LINDA | **Est. Cost to Parent(s) (if applicable):** $0.00

Who	Actions/Tasks	Est. Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Service Referral	Service Referral Request Needed	Freq of Service
XXXXX, LINDA	Psychological Evaluation; Parent agrees to sign provider releases and follow recommendations made by the provider that may result from participation in this evaluation.	05/14/2015	CBC pays for local service. Additional recommendations reviewed as needed.	Umatilla, FL	06/03/2014	Yes	One-Time

Provider Name	FSFN Provider	Provider Address	Provider Phone Number	Provider Email
XXXXX	Yes	XXXXXXXXXX		

Service Category	Service Type	Task Complete
Assessment & Evaluation	Psychological Evaluation	No

Who	Actions/Tasks	Est. Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Service Referral	Service Referral Request Needed	Freq of Service
XXXXX, LINDA	Continue Participation in Medication Management, as recommended; Current Psychiatric Evaluation; Sign provider releases; Follow provider recommendations.	05/14/2015	CBC pays for local service. Additional recommendations reviewed as needed.	XXXXX, FL		No	As needed

Provider Name	FSFN Provider	Provider Address	Provider Phone Number	Provider Email
Approved provider, to be determined.	No			

Service Category	Service Type	Task Complete
Medical/Dental	Medical Services	No

Overall Outcome Progress:

- ☐ Excellent
- ☐ Adequate
- ☐ Not Adequate
- ☒ No Progress

Explanation of progress assessment: Linda is not currently on medication and needs to attend a psychiatric evaluation.

Changes in case plan goals, outcomes, actions and/ or supports: No Changes Needed
Barriers To Achieving Desired Case Plan Outcomes: Linda is living in an area that has limited available services; she also does not have

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Progress Update

Case Name: XXXXX, LINDA | FSFN Case ID: XXXXXXXX | Date of Most Recent Safety Plan:
Worker Name: XXXXX, XXXXX | Approval Date: 08/21/2014

I. HOUSEHOLD COMPOSITION

Child Name	Date of Birth	Primary Goal	Concurrent Goal	Current Placement
XXXXX, Isabella	XX/XX/XXXX	Reunification with parent(s)	Adoption	Relative, Relative Placement

Parent/ Legal Guardian(s)/ Other Adult Household Members in Caregiving Role:	
Name	Date of Birth
XXXXX, Brian	XX/XX/XXXX
XXXXX, LINDA	XX/XX/XXXX

Family Support Network	
Name	Role

II. MALTREATMENT AND NATURE OF MALTREATMENT

What is the extent of the maltreatment? What surrounding circumstances accompany the alleged maltreatment?

Allegations: The abuse report was received on 5/10/14 Linda was Baker Acted and is not making safe decisions for her child, Isabella XXXXX, who is 12 months old.

The report is closing with Verified Findings for Inadequate Supervision, as to the father. Verified Findings for Family Violence as to both parents, and Verified Findings of Threatened Harm as to the mother. . The mother, Linda XXXXX, was cutting herself and acting out of control on 5/10/14 when EMS transported her to Shands Emergency Room, which resulted in the mother being Baker Acted and taken to CSU at Meridian. The mother is mentally unstable, with a history of mental health issues, including depression and panic attacks, since she was a teenager, and she has no home in which to care for the child, Isabella, at this time. The mother has panic attacks and rocks the child back and forth in a clutching position. The mother states she hears voices talking to her and they tell her to kill the father. The mother will leave with the baby and no one knows where she goes. Earlier this year the mother ran off in the woods with the baby after the father told her she needed to get back on her mental health medications. The mother took the child and went off with a person she had just met on Facebook , did not know where she was when the mother called the paternal grandmother, who had her cell phone pinged to locate them, and the grandmother went and retrieved them. The mother does not put Isabella's needs ahead of her own. Linda will sit and let Isabella cry for long periods of time without going to Isabella to comfort her by picking her up or seeing to her needs. Linda will let Isabella stay in her crib without getting up to check on her until late morning which sometimes is around 11:00 am and Isabella has a very wet diaper and has been crying for hours. Isabella will develop rashes and sores from the wet diapers. Linda has let Isabella fall off the couch several times, not preventing it from happening again and has let Isabella fall out of the crib.
Brian works all hours as a farm hand and is very verbal that he is not able to raise his child at this time. Brian is trying to get on his feet and appears to not feel the support from Linda that is needed in their relationship and to care for the needs of their child. He does not feel Linda is able mentally to take care of Isabella and is very concerned while he is working. However, the plan upon the mother's discharge from the Baker Act was for life in their family to resume as normal, whereby he would still go to work 5-6 days a week for an unknown amount of time, leaving the mother to be the primary caregiver to the child.

Additional Ongoing Information

The parents are no longer together. The mother has moved to Umatilla, FL with her biological mother, whose rights were terminated when she was a child. The father has placed a restraining order on the mother being that he states he is tired of everything with her and is over it. The child continues to be placed with the maternal grandmother and maternal step-grandfather and is doing really well in this placement.

III. CHILD FUNCTIONING

How does the child function on a daily basis? Include physical health, development; emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors that seem to provoke parent/ caregiver reaction/ behavior; activities with family and others. Include a description of each child's vulnerability based on threats identified.

XXXXX, Isabella

Isabella is a one-year old infant who appears to developing normally for a child her age. The child walks, crawls, runs, and can hold her own bottle and sippy cup. The is also able to say a couple words such as mammy for grandma, grandma, aunty, Abby which is the dog's name, hi, and bye. The caregiver have stated that the child is very easy going and a very happy baby. The child also seems to have the ability to learn things quickly and is described as a very smart baby. The child appears to be healthy overall and does not have any health concerns. The child is enrolled in daycare and has been doing really well adjusting and playing with other children.

IV. ADULT FUNCTIONING

How does the adult function on a daily basis? Overall life management. Include assessment and analysis of prior child abuse/ neglect history, criminal behavior, impulse control, substance use/ abuse, violence and domestic violence, mental health; include an assessment of the adult's physical health, emotion and temperament, cognitive ability; intellectual functioning; behavior; ability to communicate; self-control; education; peer and family relations; employment, etc.

XXXXX, Brian

Brian is a 19 year old father. He was previously employed as a farm hand at a local farm in Trenton, Florida where he worked very long hours. However, the father is no longer employed and currently works odd jobs. The father stated that he has applied to work for the city and hopes it can give him something more stable. The father has admitted to have a temper, short fuse, and possibly needing anger management. Brian's temper has led to disputes with the mother (Linda), the paternal grandmother, and his sister. He stated he tries to avoid fights with his mother out of respect for her but they sometime get into it. He says his temper is a lot better now than it has been in the past. Collateral reports have indicated that there is DV between the Linda and Brian. Brain admits he has pushed Linda down on the bed, thrown dirty diapers at her, and pulled her hair. Despite this, the father has no criminal history, no DCF history as a father, nor history of alcohol and substance abuse. The father did not complete high school but has his GED, which is also the highest education he has attained. The father has Cerebral Palsy, which causes some daily physical limitations but the father has learn to work through them. The father currently does not take treatment for this condition and states that he use to wear a brace for it which he has not worn in over 15 years. The father reported having no other health issues. The father stated that his childhood was pretty normal aside from his parents divorce which he said led to the typical divorce complications which made things a bit aggravating. The father stated that he spent most of his time with his grandfather helping out on the farm most of his childhood until his passing in 2007. The father further stated that May 19, 2014, has made it 2 years since being with Linda; this was his longest relationship and he says that they "met online and the rest was history." The father stated that they would typically fight about Linda's attitude when she is not on her medication because she demands things that get him upset and make him lose his temper. The father views his parents and siblings as a support system and expresses a strong desire to be able to provide for his family.

The father and the mother are no longer in a relationship and the father has since placed a restraining order on the mother. The father stated that he is fed up with the mother not doing anything. The father stated that she would use the child over his head to stay but since she is not in their care, he has been able to see things more clear and no longer wants to be with her.

XXXXX, LINDA

Linda is a 20-year old young mother. Linda never completed high school and is unemployed but stated that she would like to go back to get her GED. The mother has admitted to having a temper problem and several mental health issues that include depression, anxiety, and panic attacks which she was first diagnosed with when she was about 11 years old. These factors have led to Linda having constant disputes with the father (Brain). The mother stated that she stopped taking her medication because she thought she was pregnant and cannot take such medication during pregnancy, but reports she has since determined she is not pregnant and is back on her medication. The mother also stated that she has transportation to her appointments and Brian supports her in getting treated. The mother stated that she is not on Medicaid but only has to pay a co-pay of $3 for appointments which she can afford. Collateral reports have indicated that there is DV between the Linda and Brian. Linda admits she has thrown objects at the father, put her hands around his neck, kicked him, scratched him, thrown dirty diapers at him, and has threatened to kill the father. Despite this, the mother has neither criminal history nor history of alcohol and substance abuse. The mother does have prior DCF history with two past reports as a mother both closed with no indicators; in these reports, the mother's mental health issues were a concerning factor. The mother has reported as suffering from depression all of her life and reports that she wants to improve this. Since removal, the mother has stated that she has gotten back on her meds and made a follow-up appointment with her doctor set in June 2014 being that she started taking her medications again and they have recently finished. The mother has identified finances, lack of transportation, her relationship with Brian, and the distance of her home as being some of her stressors. The mother describes her childhood as being okay and being adopted at the age of 6 by her foster mother. She attributes the start of her depression to being able to see her biological mother regularly until one Christmas her mother said she would come by and never returned. The mother stated that after this point she would stare out the window all the time and did not get back in contact with her mother until she was 18. The mother stated she is not in contact with

her adoptive mother being that she disowned her due to not liking that she is with Brian "just because." The mother stated that she remains in contact with her 4 adoptive sisters, 3 adoptive brothers, and 2 adoptive neices.
The mother has relocated to Umatilla, FL to reside with her biological mother. The father placed a restraing order on the mother. The mother went to stay with her sister in Gainesville, FL but they returned her to Trenton and told her they cannot deal with her mental health issues. The mother then stated she did not have anywhere else to go and went to her mother.

V. PARENTING

General – What are the overall, typical, parenting practices used by the parents/ legal guardians? Discipline/ Behavior Management – What are the disciplinary approaches used by the parents/ legal guardians, and under what circumstances?

XXXXX, Brian

The father has stated that he loves his child and being a parent. The father has also admitted to working too many hours to be there for his child as much as he should be. The father works 5-6 days a week and is often times gone all day. Though this allows the father to be able to provide for the child, this prevents the child from being protected from the impulsive behaviors of the mother who is left at home with the child. The father has witnessed the mother do things that he has admitted concerned him for the child's safety. The father failed to make protective provisions for the child while he was not home. The father stated that he would come home from work and see that the child's diapers was dirty and that the floor was dirty. The father stated this would upset him and cause him to get a temper. The father further stated that whenever he was home, he cleaned each of the child's diapers. The father has admitted to having DV with the mother in the presence of the child. The father appears to love the child and show her the affection but fails to ensure the protection and safety that she needs. The father stated that if he could do things differently he would put his foot down a bit more and that he needs to work on is communicating "putting his foot down" without losing his temper.

The father initially did not visit with the child on a consistent basis and would seldomly interact with the child when they did visit. The father has since made more attempts to visit with the child since being broken up with the mother and has began to engage with the child more. The father is open to the caregiver's suggestions for visits on how to play with the child. The father has stated that he wants to do whatever he can to get his child back despite not being with the mother and he thinks he can handle parenting alone with resources such as daycare. The father has stated that he is now able to see things that the mother was failing to do more clearly but thought that she would have priority over keeping the child so he did not try to leave with the child but wishes that he did now.

XXXXX, LINDA

The mother has stated that she loves her daughter and wants to be a good mother to her. The mother stated that her child is good, smart, and happy. The mother reported that she is a stay at home mom and that she would clean, cook, and care for the child, but the father stated that she did not do this often. It appears that the mother did not ensure the child was fed, cleaned regularly, and tended to when needed, but delegated these responsibilities to the father, even if it meant waiting on the father to come home to do it. The child is an infant and not able to make these provisions for herself. The mother states that she understands how her mental health affects her ability to parent but has not acted in a way that reflects this recognition. The mother has done several impulsive things with the child, such as run off in the woods with her because she was upset at the father, and has left with strangers, and left the child with them, as well. The mother states that she is now back on her medication and can see the effects of her actions without them. The mother stated that if she can do things differently she would be a better mother and make that the child was clean and never left alone. The mother further stated that she has been battling with depression all of her life and would like to work on improving it, as this affects her daily functioning as a parent.

The mother initially did not consistently visit with the child. Whenever the mother got into a dispute with the father, the mother would suddenly demand to the caregiver to see the child every day. The mother appears to be very emotionally dependent on the father and would transfer this to the child when he is not available. The caregivers are willing to arrange to meet with the mother in Ocala and sends her pictures regularly.

VI. REASONS FOR ONGOING INVOLVEMENT

Danger Statement (Develop in collaboration with the family)

The parents have demonstrated a lack of impulse control and the ability to protect their child from harm and meet her basic needs. The parents have had ongoing domestic violence in the presence of the child and the mother has significant mental health issues that have gone untreated. The father admits that he knew about the mother's mental health status, and observed that her impulsive actions and failure to meet the child's basic needs were putting the child at risk, however, he failed to take action to protect the child from harm. The mother reports having a long history of mental health issues, including past diagnosis and treatment, however, she has not followed through with recommended treatment or ongoing care to ensure that her mental health did not affect her ability to parent the child safely and effectively.

VII. FAMILY CHANGE STRATEGY

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Family Goal: Describe how the family will be functioning when all children are safe and the family is able to independently meet the needs of their children. (Developed in collaboration with the family)

The parents will have a safe and stable home and be able to provide for the child's basic needs. The child will be able to rely on the parents for love, support, and protection. The parents will demonstrate that they are consistently able to manage their impulses so that DV and mental health issues do not expose the child to danger. The parents will make life choices that do not negatively impact their ability to care for and protect their child.

Ideas: Describe parent/ legal guardian, worker, child or other network members have for moving toward the Family Goal.

The parents will demonstrate that they are able to control their impulses by refraining from domestic violence, treating mental health issues as prescribed, and putting their child's needs before their own. This should be a priority so that the parents can provide for the child's care and protection.

Potential Barriers: Describe things that could get in the way of change from the family's perspective and/ or the family team's perspective.

Possible barriers will include the parents failure to develop a healthy relationship with their child by visiting consistently and being appropriate during visits; their failure take on parental responsibilities, instead relying on others to do this for them; their failure to maintain contact with the Family Care Counselor; their failure to engage in treatment services upon her release; and, their failure to demonstrate skill attainment, this will also hinder change.

VIII. CHILD NEED INDICATORS

Children	Child Needs									
	Emotional/ Trauma	Behavioral (e.g. risk taking behavior, runaway, etc)	Development	Education	Physical Health/ Disability	Family Relationships	Peer./ Adult Relationships	Cultural Identity	Substance Awareness	Life Skills Development
XXXXX, Isabella	A	A	A		A	A	A	A	A	

IX. PRIORITY NEEDS

	Rating	Parent Meeting Needs?

If the parent is meeting the need, describe their actions. If the parent needs support or assistance to meet the needs of the child, the need will be addressed in the Case Plan.

X. PROTECTIVE CAPACITIES

Adults	Capacity Categories and Types		
	Behavioral	Cognitive	Emotional

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	Controls Impulses	Takes Action	Sets aside own needs for Child	Demonstrates adequate skills	Adaptive as a Parent/ Legal Guardian	History of Protecting	Is self aware	Is intellectually able	Recognizes threats	Recognizes child's needs	Understands protective role	Plans and articulates plans for protection	Meets own emotional needs	Is resilient	Is tolerant	Is stable	Expresses love, empathy, sensitivity to the child	Is positively attached with child	Is aligned and supports the child
XXXXX, Brian	C	B	D	C	B	B	C	B	B	C	C	C	C	B	C	B	B	C	C
XXXXX, LINDA	D	D	D	C	C	B	C	C	D	C	D	D	D	D	C	C	B	C	C

XI. PRIORITY NEEDS		
XXXXX, Brian	Rating	Include in Case Plan?
Sets aside own needs for child	D	Y
Controls Impulses	C	Y
Demonstrates adequate skills	C	Y
Is self aware	C	Y
Recognizes child's needs	C	Y
Understands protective role	C	Y
Plans and articulates plans for protection	C	Y
Meets own emotional needs	C	Y
Is tolerant	C	Y
Is positively attached with child	C	Y
Is aligned and supports the child	C	Y
XXXXX, LINDA	Rating	Include in Case Plan?

Controls Impulses	D	Y
Takes Action	D	Y
Sets aside own needs for child	D	Y
Recognizes threats	D	Y
Understands protective role	D	Y
Plans and articulates plans for protection	D	Y
Meets own emotional needs	D	Y
Is resilient	D	Y
Demonstrates adequate skills	C	Y
Adaptive as a Parent/Legal Guardian	C	Y
Is self aware	C	Y
Is intellectually able	C	Y
Recognizes child's needs	C	Y
Is tolerant	C	Y
Is stable	C	Y
Is positively attached with child	C	Y
Is aligned and supports the child	C	Y

If diminished protective capacity will not be addressed in the Case Plan, describe the assessment process to reach this conclusion.

XII. MOTIVATION FOR CHANGE

Adult	Motivation
XXXXX, Brian	Preparation
XXXXX, LINDA	Contemplation

XIII. IN-HOME SAFETY ANALYSIS AND PLANNING (removal home)

The Parent/Legal Guardians are willing for an In-Home Safety Plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.	No
The home environment is calm and consistent enough for an In-Home Safety Plan to be implemented and for safety service providers to be in the home safely.	No
Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home.	No
An In-Home Safety Plan and the use of In-Home safety services can sufficiently manage impending danger without the results of scheduled professional evaluations.	No
The Parent/Legal Guardians have a physical location in which to implement an In-Home Safety Plan.	No

In-Home Safety Plan is determined. Summarize the conditions that have changed since last safety analysis to support reunification with an In-Home Safety Plan

Out-of-Home Safety Plan is the only protective intervention possible for one or more children (whether family designated arrangement or removal/ placement). Summarize reason for Out-of-Home Safety Plan or Removal/ Placement (if applicable), and Conditions for Return. Conditions for return should indicate what must change for an In-Home Safety Plan to be executed which would allow a child to return home with the use of in-home safety services in order to manage the way in which impending danger is manifested in the home while treatment and safety management services are implemented.
At this time, the parents have not demonstrated behavioral changes or engaged in any treatment services to reduce the risk to the child in order for the child to return safely to either of the parents' home. The parents have demonstrated a lack of impulse control and the inability to provide for the child's basic needs. Conditions for Return to the Parent: 1) The parents must demonstrate a willingness to develop and implement a safety plan for the children to safely return to the home. The mother needs to maintain consistent contact with the Family Care Counselor in order to arrange needed treatment services to assist the mother in behavioral changes. The parents need to begin to establish a meaningful relationship with the child and demonstrate an interest in the child and her needs. 2) The parents must have a calm and consistent home environment where the child can reside and in which an in-home safety plan can be implemented. The parents will need to be able to demonstrate that they can provide for the child's basic needs. The parents will need to demonstrate self-awareness and impulse control. The parents will need to establish sponsors and an appropriate support system to assist them in providing for the children's needs and to keep them safe. 3) The parents must be able to establish a safety plan with others who will be a positive support system. The positive support system must be able to assist the parents in keeping the children safe. 4) The parents must complete any professional evaluations needed, such as (but not limited to), psychological/mental health evaluations. The parents must agree to follow treatment recommendations and be willing to cooperate with treatment providers.

5) The parents need to have a physical location in which an In-Home Safety Plan can be implemented.

XIV. CURRENT SAFETY PLAN ASSESSMENT FOR SUFFICIENCY

☐ Safety plan is sufficient, no need for changes to the plan at this time.

☐ Safety plan is not sufficient, not controlling for child safety or no longer applicable; change in safety plan is needed.

☐ Safety plan is no longer needed.

IN-HOME SAFETY ANALYSIS AND PLANNING

In-Home Safety Plan is determined. Summarize the conditions that have changed since last safety analysis to support reunification with an In-Home Safety Plan.

Out-of-Home Safety Plan is the only protective intervention possible for one or more children (whether family designated arrangement or removal/ placement). Summarize reason for Out-of-Home Safety Plan or Removal/ Placement (if applicable), and Conditions for Return. Conditions for return should indicate what must change for an In-Home Safety Plan to be executed which would allow a child to return home with the use of in-home safety services in order to manage the way in which impending danger is manifested in the home while treatment and safety management services are implemented.

Based on the determination selected above, describe the assessment process to reach this conclusion.

XV. OUTCOME(S) EVALUATION

OUTCOME # 1 Brian XXXXX is able to demonstrate the skills necessary to parent his child safely and effectively.
Outcome Achievement: Mr. XXXXX is able to demonstrate knowledge of child development, safety risks, and the need for age appropriate supervision, and is able to demonstrate that he can use his knowledge to parent safely and effectively.
Applies to the following participants: XXXXX, Brian — **Est. Cost to Parent(s) (if applicable):** $0.00

Who	Actions/Tasks	Est. Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Service Referral	Service Referral Request Needed	Freq of Service
XXXXX, Brian	In-Home Parenting Mentoring, upon Reunification. Parent agrees to sign provider releases and follow recommendations made by the provider during participation in this service.	05/14/2015	CBC pays for local service. Additional recommendations reviewed as needed.	At home.		No	Weekly

Provider Name	FSFN Provider	Provider Address	Provider Phone Number	Provider Email
XXXXX	No			

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Service Category	Service Type	Task Complete
Parent Education/Training	In-home Parenting	No

Who	Actions/Tasks	Est. Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Service Referral	Service Referral Request Needed	Freq of Service
XXXXX, Brian	Parenting Class; Sign provider releases; Follow provider recommendations that may result from participation in this service.	05/14/2015	CBC pays for local service. Additional recommendations reviewed as needed.	Trenton, FL	07/22/2014	Yes	Weekly

Provider Name	FSFN Provider	Provider Address	Provider Phone Number	Provider Email
XXXXX	Yes	XXXXXXXXXX		

Service Category	Service Type	Task Complete
Parent Education/Training	Parenting Group	No

Overall Outcome Progress:

- ☐ Excellent
- ☐ Adequate
- ☒ Not Adequate
- ☐ No Progress

Explanation of progress assessment: The father agreed to begin this service and a referral was completed on 7/21/14. This father has not yet began this service at this time.

OUTCOME # 2 Brian XXXXX is able to manage his mental health effectively so that he can parent safely and effectively. The father's mental health will not negatively impact his ability to parent.

Outcome Achievement: Mr. XXXXX will demonstrate the ability to effectively manage his mental health in an effort to keep it from interfering with his ability to safely provide for and protect his child.

Applies to the following participants: XXXXX, Brian | **Est. Cost to Parent(s) (if applicable):** $0.00

Who	Actions/Tasks	Est. Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Service Referral	Service Referral Request Needed	Freq of Service
XXXXX, Brian	Psychological Evaluation; Parent agrees to sign provider releases and follow recommendations made by the provider that may result from participation in this evaluation.	05/14/2015	CBC pays for local service. Additional recommendations reviewed as needed.	CBC pays for local service. Additional recommendations reviewed as needed.	06/03/2014	Yes	One-Time

Provider Name	FSFN Provider	Provider Address	Provider Phone Number	Provider Email
XXXXX	Yes	XXXXXXXXXX		

Service Category	Service Type	Task Complete
Assessment & Evaluation	Psychological Evaluation	No

Overall Outcome Progress:

FLORIDA SAFETY DECISION MAKING METHODOLOGY
Progress Update

☒ Excellent
☐ Adequate
☐ Not Adequate
☐ No Progress

Explanation of progress assessment: The father completed his psychological on 7/10/14. The evaluation has not been received by the Family Care Counselor to date but will be filed upon receipt.

OUTCOME # 3 Linda XXXXX is able to demonstrate the skills necessary to parent safely and effectively.							
Outcome Achievement: Ms. XXXXX demonstrates knowledge of child development, safety risks, and the need for age appropriate supervision, and is able to demonstrate that he can parent safely and effectively.							
Applies to the following participants: XXXXX, LINDA					**Est. Cost to Parent(s) (if applicable):** $0.00		
Who	**Actions/Tasks**	**Est. Completion Date**	**Responsible Party for Cost**	**Location of Delivery of Services**	**Date of Service Referral**	**Service Referral Request Needed**	**Freq of Service**
XXXXX, LINDA	In-Home Parenting Mentoring, upon Reunification. Parent agrees to sign provider releases and follow recommendations made by the provider during participation in this service.	05/14/2015	CBC pays for local service. Additional recommendations reviewed as needed.	At home.		No	Weekly

Provider Name	**FSFN Provider**	**Provider Address**	**Provider Phone Number**	**Provider Email**
Approved provider, to be determined.	No			

Service Category	**Service Type**	**Task Complete**
Parent Education/Training	In-home Parenting	No

Who	**Actions/Tasks**	**Est. Completion Date**	**Responsible Party for Cost**	**Location of Delivery of Services**	**Date of Service Referral**	**Service Referral Request Needed**	**Freq of Service**
XXXXX, LINDA	Parenting Class; Sign provider releases; Follow provider recommenations that may result from participation in this service.	05/14/2015	CBC pays for local service. Additional recommendations reviewed as needed.	Umatilla, FL		No	Weekly

Provider Name	**FSFN Provider**	**Provider Address**	**Provider Phone Number**	**Provider Email**
Approved provider, to be determined.	No			

Service Category	**Service Type**	**Task Complete**
Parent Education/Training	Parenting Group	No

Overall Outcome Progress:
☐ Excellent
☐ Adequate
☐ Not Adequate
☐ No Progress

FLORIDA SAFETY DECISION MAKING METHODOLOGY
Progress Update

Explanation of progress assessment: The mother has moved to Umatilla, FL. The FCC completed an OTI request on 7/14/14. The mother has not yet been referred in this county.

OUTCOME # 4 Linda XXXXX is able to manage her mental health effectively so that she can parent safely and effectively. The mother's mental health will not negatively impact her ability to parent.							
Outcome Achievement: Ms. XXXXX will demonstrate the ability to effectively manage her mental health in an effort to keep it from interfering with her ability to safely provide for and protect her children.							
Applies to the following participants: XXXXX, LINDA					**Est. Cost to Parent(s) (if applicable):** $0.00		
Who	**Actions/Tasks**	**Est. Completion Date**	**Responsible Party for Cost**	**Location of Delivery of Services**	**Date of Service Referral**	**Service Referral Request Needed**	**Freq of Service**
XXXXX, LINDA	Continue Participation in Medication Management, as recommended; Current Psychiatric Evaluation; Sign provider releases; Follow provider recommendations.	05/14/2015	CBC pays for local service. Additional recommendations reviewed as needed.	Umatilla, FL		No	As needed

Provider Name	**FSFN Provider**	**Provider Address**	**Provider Phone Number**	**Provider Email**
Approved provider, to be determined.	No			

Service Category	**Service Type**	**Task Complete**
Medical/Dental	Medical Services	No

Who	**Actions/Tasks**	**Est. Completion Date**	**Responsible Party for Cost**	**Location of Delivery of Services**	**Date of Service Referral**	**Service Referral Request Needed**	**Freq of Service**
XXXXX, LINDA	Psychological Evaluation; Parent agrees to sign provider releases and follow recommendations made by the provider that may result from participation in this evaluation.	05/14/2015	CBC pays for local service. Additional recommendations reviewed as needed.	Umatilla, FL	06/03/2014	Yes	One-Time

Provider Name	**FSFN Provider**	**Provider Address**	**Provider Phone Number**	**Provider Email**
XXXXX	Yes	XXXXXXXXXX		

Service Category	**Service Type**	**Task Complete**
Assessment & Evaluation	Psychological Evaluation	No

Overall Outcome Progress:

- ☐ Excellent
- ☐ Adequate
- ☐ Not Adequate
- ☒ No Progress

Explanation of progress assessment: The mother was scheduled to complete her psychological on 7/11/14. The mother moved to Umatilla, FL a day or 2 prior to this. She did not contact the provider prior to the appointment to let her know that she had moved but contacted the XXXXX Group after the appointment time and requested the provider to come to her in Ocala. The provider informed the Family Care Counselor in

order to do this they it will cost $500. The FCC completed an OTI request on 7/14/14. The mother has not yet been referred in this county. The mother has been diagnosed with several mental health issues and is on medication. The mother has not obtained a provider to begin receiving treatment regularly in that area. It is unknown if the mother is taking her medication regularly.

Changes in case plan goals, outcomes, actions and/ or supports: No Changes Needed
Barriers To Achieving Desired Case Plan Outcomes: The mother has relocated to Umatilla, FL. An OTI request was completed on 7/?/14, however the courtesy case worker has not established contact with the mother.

FLORIDA SAFETY DECISION MAKING METHODOLOGY
Progress Update

Case Name: XXXXX, LINDA | FSFN Case ID: XXXXXXX | Date of Most Recent Safety Plan:
Worker Name: XXXXX, XXXXX | Approval Date: 08/29/2014

I. HOUSEHOLD COMPOSITION

Child Name	Date of Birth	Primary Goal	Concurrent Goal	Current Placement
XXXXX, Isabella	XX/XX/XXXX	Reunification with parent(s)	Adoption	Relative, Relative Placement

Parent/ Legal Guardian(s)/ Other Adult Household Members in Caregiving Role:	
Name	Date of Birth
XXXXX, Brian	XX/XX/XXXX
XXXXX, LINDA	XX/XX/XXXX

Family Support Network	
Name	Role

II. MALTREATMENT AND NATURE OF MALTREATMENT

What is the extent of the maltreatment? What surrounding circumstances accompany the alleged maltreatment?

Allegations: The abuse report was received on 5/10/14 Linda was Baker Acted and is not making safe decisions for her child, Isabella XXXXX, who is 12 months old.

The report is closing with Verified Findings for Inadequate Supervision, as to the father. Verified Findings for Family Violence as to both parents, and Verified Findings of Threatened Harm as to the mother. .The mother, Linda XXXXX, was cutting herself and acting out of control on 5/10/14 when EMS transported her to Shands Emergency Room, which resulted in the mother being Baker Acted and taken to CSU at Meridian. The mother is mentally unstable, with a history of mental health issues, including depression and panic attacks, since she was a teenager, and she has no home in which to care for the child, Isabella, at this time. The mother has panic attacks and rocks the child back and forth in a clutching position. The mother states she hears voices talking to her and they tell her to kill the father. The mother will leave with the baby and no one knows where she goes. Earlier this year the mother ran off in the woods with the baby after the father told her she needed to get back on her mental health medications. The mother took the child and went off with a person she had just met on Facebook , did not know where she was when the mother called the paternal grandmother, who had her cell phone pinged to locate them, and the grandmother went and retrieved them. The mother does not put Isabella's needs ahead of her own. Linda will sit and let Isabella cry for long periods of time without going to Isabella to comfort her by picking her up or seeing to her needs. Linda will let Isabella stay in her crib without getting up to check on her until late morning which sometimes is around 11:00 am and Isabella has a very wet diaper and has been crying for hours. Isabella will develop rashes and sores from the wet diapers. Linda has let Isabella fall off the couch several times, not preventing it from happening again and has let Isabella fall out of the crib.
Brian works all hours as a farm hand and is very verbal that he is not able to raise his child at this time. Brian is trying to get on his feet and appears to not feel the support from Linda that is needed in their relationship and to care for the needs of their child. He does not feel Linda is able mentally to take care of Isabella and is very concerned while he is working. However, the plan upon the mother's discharge from the Baker Act was for life in their family to resume as normal, whereby he would still go to work 5-6 days a week for an unknown amount of time, leaving the mother to be the primary caregiver to the child.

Additional Ongoing Information

The parents are no longer together. The mother has moved to Umatilla, FL with her biological mother, whose rights were terminated when she was a child. The father has placed a restraining order on the mother being that he states he is tired of everything with her and is over it. The child continues to be placed with the maternal grandmother and maternal step-grandfather and is doing really well in this placement.

III. CHILD FUNCTIONING

How does the child function on a daily basis? Include physical health, development; emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors that seem to provoke parent/ caregiver reaction/ behavior; activities with family and others. Include a description of each child's vulnerability based on threats identified.

XXXXX, Isabella

Isabella is a one-year old infant who appears to developing normally for a child her age. The child walks, crawls, runs, and can hold her own bottle and sippy cup. The is also able to say a couple words such as mammy for grandma, grandma, aunty, Abby which is the dog's name, hi, and bye. The caregiver have stated that the child is very easy going and a very happy baby. The child also seems to have the ability to learn things quickly and is described as a very smart baby. The child appears to be healthy overall and does not have any health concerns. The child is enrolled in daycare and has been doing really well adjusting and playing with other children.

IV. ADULT FUNCTIONING

How does the adult function on a daily basis? Overall life management. Include assessment and analysis of prior child abuse/ neglect history, criminal behavior, impulse control, substance use/ abuse, violence and domestic violence, mental health; include an assessment of the adult's physical health, emotion and temperament, cognitive ability; intellectual functioning; behavior; ability to communicate; self-control; education; peer and family relations; employment, etc.

XXXXX, Brian

Brian is a 19 year old father. He was previoulsy employed at a farm hand at a local farm in Trenton, Florida where he worked very long hours. However, the father is no longer employed and currently works odd jobs. The father stated that he has applied to work for the city and hopes it can give him something more stable. The father has admitted to have a temper, short fuse, and possibly needing anger management. Brian's temper has led to disputes with the mother (Linda), the paternal grandmother, and his sister. He stated he tries to avoid fights with his mother out of respect for her but they sometime get into it. He says his temper is a lot better now than it has been in the past. Collateral reports have indicated that there is DV between the Linda and Brian. Brain admits he has pushed Linda down on the bed, thrown dirty diapers at her, and pulled her hair. Despite this, the father has no criminal history, no DCF history as a father, nor history of alcohol and substance abuse. The father did not complete high school but has his GED, which is also the highest education he has attained. The father has Cerebral Palsy, which causes some daily physical limitations but the father has learn to work through them. The father currently does not take treatment for this condition and states that he use to wear a brace for it which he has not worn in over 15 years. The father reported having no other health issues. The father stated that his childhood was pretty normal aside from his parents divorce which he said led to the typical divorce complications which made things a bit aggravating. The father stated that he spent most of his time with his grandfather helping out on the farm most of his childhood until his passing in 2007. The father further stated that May 19, 2014, has made it 2 years since being with Linda; this was his longest relationship and he says that they "met online and the rest was history." The father stated that they would typically fight about Linda's attitude when she is not on her medication because she demands things that get him upset and make him lose his temper. The father views his parents and siblings as a support system and expresses a strong desire to be able to provide for his family.

The father and the mother are no longer in a relationship and the father has since placed a restraining order on the mother. The father stated that he is fed up with the mother not doing anything. The father stated that she would use the child over his head to stay but since she is not in their care, he has been able to see things more clear and no longer wants to be with her.

XXXXX, LINDA

Linda is a 20-year old young mother. Linda never completed high school and is unemployed but stated that she would like to go back to get her GED. The mother has admitted to having a temper problem and several mental health issues that include depression, anxiety, and panic attacks which she was first diagnosed with when she was about 11 years old. These factors have led to Linda having constant disputes with the father (Brain). The mother stated that she stopped taking her medication because she thought she was pregnant and cannot take such medication during pregnancy, but reports she has since determined she is not pregnant and is back on her medication. The mother also stated that she has transportation to her appointments and Brian supports her in getting treated. The mother stated that she is not on Medicaid but only has to pay a co-pay of $3 for appointments which she can afford. Collateral reports have indicated that there is DV between the Linda and Brian. Linda admits she has thrown objects at the father, put her hands around his neck, kicked him, scratched him, thrown dirty diapers at him, and has threatened to kill the father. Despite this, the mother has neither criminal history nor history of alcohol and substance abuse. The mother does have prior DCF history with two past reports as a mother both closed with no indicators; in these reports, the mother's mental health issues were a concerning factor. The mother has reported as suffering from depression all of her life and reports that she wants to improve this. Since removal, the mother has stated that she has gotten back on her meds and made a follow-up appointment with her doctor set in June 2014 being that she started taking her medications again and they have recently finished. The mother has identified finances, lack of transportation, her relationship with Brian, and the distance of her home as being some of her stressors. The mother describes her childhood as being okay and being adopted at the age of 6 by her foster mother. She attributes the start of her depression to being able to see her biological mother regularly until one Christmas her mother said she would come by and never returned. The mother stated that after this point she would stare out the window all the time and did not get back in contact with her mother until she was 18. The mother stated she is not in contact with

her adoptive mother being that she disowned her due to not liking that she is with Brian "just because." The mother stated that she remains in contact with her 4 adoptive sisters, 3 adoptive brothers, and 2 adoptive nieces.
The mother has relocated to Umatilla, FL to reside with her biological mother. The father placed a restraining order on the mother. The mother went to stay with her sister in Gainesville, FL but they returned her to Trenton and told her they cannot deal with her mental health issues. The mother then stated she did not have anywhere else to go and went to her mother.

V. PARENTING

General – What are the overall, typical, parenting practices used by the parents/ legal guardians? Discipline/ Behavior Management – What are the disciplinary approaches used by the parents/ legal guardians, and under what circumstances?

XXXXX, Brian

The father has stated that he loves his child and being a parent. The father has also admitted to working too many hours to be there for his child as much as he should be. The father works 5-6 days a week and is often times gone all day. Though this allows the father to be able to provide for the child, this prevents the child from being protected from the impulsive behaviors of the mother who is left at home with the child. The father has witnessed the mother do things that he has admitted concerned him for the child's safety. The father failed to make protective provisions for the child while he was not home. The father stated that he would come home from work and see that the child's diapers was dirty and that the floor was dirty. The father stated this would upset him and cause him to get a temper. The father further stated that whenever he was home, he cleaned each of the child's diapers. The father has admitted to having DV with the mother in the presence of the child. The father appears to love the child and show her the affection but fails to ensure the protection and safety that she needs. The father stated that if he could do things differently he would put his foot down a bit more and that he needs to work on is communicating "putting his foot down" without losing his temper.

The father initially did not visit with the child on a consistent basis and would seldomly interact with the child when they did visit. The father has since made more attempts to visit with the child since being broken up with the mother and has began to engage with the child more. The father is open to the caregiver's suggestions for visits on how to play with the child. The father has stated that he wants to do whatever he can to get his child back despite not being with the mother and he thinks he can handle parenting alone with resources such as daycare. The father has stated that he is now able to see things that the mother was failing to do more clearly but thought that she would have priority over keeping the child so he did not try to leave with the child but wishes that he did now.

XXXXX, LINDA

The mother has stated that she loves her daughter and wants to be a good mother to her. The mother stated that her child is good, smart, and happy. The mother reported that she is a stay at home mom and that she would clean, cook, and care for the child, but the father stated that she did not do this often. It appears that the mother did not ensure the child was fed, cleaned regularly, and tended to when needed, but delegated these responsibilities to the father, even if it meant waiting on the father to come home to do it. The child is an infant and not able to make these provisions for herself. The mother states that she understands how her mental health affects her ability to parent but has not acted in a way that reflects this recognition. The mother has done several impulsive things with the child, such as run off in the woods with her because she was upset at the father, and has left with strangers, and left the child with them, as well. The mother states that she is now back on her medication and can see the effects of her actions without them. The mother stated that if she can do things differently she would be a better mother and make that the child was clean and never left alone. The mother further stated that she has been battling with depression all of her life and would like to work on improving it, as this affects her daily functioning as a parent.

The mother initially did not consistently visit with the child. Whenever the mother got into a dispute with the father, the mother would suddenly demand to the caregiver to see the child every day. The mother appears to be very emotionally dependent on the father and would transfer this to the child when he is not available. The caregivers are willing to arrange to meet with the mother in Ocala and sends her pictures regularly.

VI. REASONS FOR ONGOING INVOLVEMENT

Danger Statement (Develop in collaboration with the family)

The parents have demonstrated a lack of impulse control and the ability to protect their child from harm and meet her basic needs. The parents have had ongoing domestic violence in the presence of the child and the mother has significant mental health issues that have gone untreated. The father admits that he knew about the mother's mental health status, and observed that her impulsive actions and failure to meet the child's basic needs were putting the child at risk, however, he failed to take action to protect the child from harm. The mother reports having a long history of mental health issues, including past diagnosis and treatment, however, she has not followed through with recommended treatment or ongoing care to ensure that her mental health did not affect her ability to parent the child safely and effectively.

VII. FAMILY CHANGE STRATEGY

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Family Goal: Describe how the family will be functioning when all children are safe and the family is able to independently meet the needs of their children. (Developed in collaboration with the family)

The parents will have a safe and stable home and be able to provide for the child's basic needs. The child will be able to rely on the parents for love, support, and protection. The parents will demonstrate that they are consistently able to manage their impulses so that DV and mental health issues do not expose the child to danger. The parents will make life choices that do not negatively impact their ability to care for and protect their child.

Ideas: Describe parent/ legal guardian, worker, child or other network members have for moving toward the Family Goal.

The parents will demonstrate that they are able to control their impulses by refraining from domestic violence, treating mental health issues as prescribed, and putting their child's needs before their own. This should be a priority so that the parents can provide for the child's care and protection.

Potential Barriers: Describe things that could get in the way of change from the family's perspective and/ or the family team's perspective.

Possible barriers will include the parents failure to develop a healthy relationship with their child by visiting consistently and being appropriate during visits; their failure take on parental responsibilities, instead relying on others to do this for them; their failure to maintain contact with the Family Care Counselor; their failure to engage in treatment services upon her release; and, their failure to demonstrate skill attainment, this will also hinder change.

VIII. CHILD NEED INDICATORS

Children	Child Needs									
	Emotional/ Trauma	Behavioral (e.g. risk taking behavior, runaway, etc)	Development	Education	Physical Health/ Disability	Family Relationships	Peer./ Adult Relationships	Cultural Identity	Substance Awareness	Life Skills Development
XXXXX, Isabella	A	A	A		A	A	A	A	A	

IX. PRIORITY NEEDS

	Rating	Parent Meeting Needs?

If the parent is meeting the need, describe their actions. If the parent needs support or assistance to meet the needs of the child, the need will be addressed in the Case Plan.

X. PROTECTIVE CAPACITIES

Adults	Capacity Categories and Types		
	Behavioral	Cognitive	Emotional

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	Controls Impulses	Takes Action	Sets aside own needs for Child	Demonstrates adequate skills	Adaptive as a Parent/ Legal Guardian	History of Protecting	Is self aware	Is intellectually able	Recognizes threats	Recognizes child's needs	Understands protective role	Plans and articulates plans for protection	Meets own emotional needs	Is resilient	Is tolerant	Is stable	Expresses love, empathy, sensitivity to the child	Is positively attached with child	Is aligned and supports the child
XXXXX, Brian	C	B	D	C	B	B	C	B	B	C	C	C	C	B	C	B	B	C	C
XXXXX, LINDA	D	D	D	C	C	B	C	C	D	C	D	D	D	D	C	C	B	C	C

XI. PRIORITY NEEDS		
XXXXX, Brian	Rating	Include in Case Plan?
Sets aside own needs for child	D	Y
Controls Impulses	C	Y
Demonstrates adequate skills	C	Y
Is self aware	C	Y
Recognizes child's needs	C	Y
Understands protective role	C	Y
Plans and articulates plans for protection	C	Y
Meets own emotional needs	C	Y
Is tolerant	C	Y
Is positively attached with child	C	Y
Is aligned and supports the child	C	Y
XXXXX, LINDA	Rating	Include in Case Plan?

Controls Impulses	D	Y
Takes Action	D	Y
Sets aside own needs for child	D	Y
Recognizes threats	D	Y
Understands protective role	D	Y
Plans and articulates plans for protection	D	Y
Meets own emotional needs	D	Y
Is resilient	D	Y
Demonstrates adequate skills	C	Y
Adaptive as a Parent/Legal Guardian	C	Y
Is self aware	C	Y
Is intellectually able	C	Y
Recognizes child's needs	C	Y
Is tolerant	C	Y
Is stable	C	Y
Is positively attached with child	C	Y
Is aligned and supports the child	C	Y

If diminished protective capacity will not be addressed in the Case Plan, describe the assessment process to reach this conclusion.

XII. MOTIVATION FOR CHANGE

Adult	Motivation
XXXXX, Brian	Preparation
XXXXX, LINDA	Contemplation

XIII. IN-HOME SAFETY ANALYSIS AND PLANNING (removal home)

The Parent/Legal Guardians are willing for an In-Home Safety Plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.	No
The home environment is calm and consistent enough for an In-Home Safety Plan to be implemented and for safety service providers to be in the home safely.	No
Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home.	No
An In-Home Safety Plan and the use of In-Home safety services can sufficiently manage impending danger without the results of scheduled professional evaluations.	No
The Parent/Legal Guardians have a physical location in which to implement an In-Home Safety Plan.	No

In-Home Safety Plan is determined. Summarize the conditions that have changed since last safety analysis to support reunification with an In-Home Safety Plan

Out-of-Home Safety Plan is the only protective intervention possible for one or more children (whether family designated arrangement or removal/ placement). Summarize reason for Out-of-Home Safety Plan or Removal/ Placement (if applicable), and Conditions for Return. Conditions for return should indicate what must change for an In-Home Safety Plan to be executed which would allow a child to return home with the use of in-home safety services in order to manage the way in which impending danger is manifested in the home while treatment and safety management services are implemented.
At this time, the parents have not demonstrated behavioral changes or engaged in any treatment services to reduce the risk to the child in order for the child to return safely to either of the parents' home. The parents have demonstrated a lack of impulse control and the inability to provide for the child's basic needs. Conditions for Return to the Parent: 1) The parents must demonstrate a willingness to develop and implement a safety plan for the children to safely return to the home. The mother needs to maintain consistent contact with the Family Care Counselor in order to arrange needed treatment services to assist the mother in behavioral changes. The parents need to begin to establish a meaningful relationship with the child and demonstrate an interest in the child and her needs. 2) The parents must have a calm and consistent home environment where the child can reside and in which an in-home safety plan can be implemented. The parents will need to be able to demonstrate that they can provide for the child's basic needs. The parents will need to demonstrate self-awareness and impulse control. The parents will need to establish sponsors and an appropriate support system to assist them in providing for the children's needs and to keep them safe. 3) The parents must be able to establish a safety plan with others who will be a positive support system. The positive support system must be able to assist the parents in keeping the children safe. 4) The parents must complete any professional evaluations needed, such as (but not limited to), psychological/mental health evaluations. The parents must agree to follow treatment recommendations and be willing to cooperate with treatment providers.

5) The parents need to have a physical location in which an In-Home Safety Plan can be implemented.

XIV. CURRENT SAFETY PLAN ASSESSMENT FOR SUFFICIENCY

☐ Safety plan is sufficient, no need for changes to the plan at this time.

☐ Safety plan is not sufficient, not controlling for child safety or no longer applicable; change in safety plan is needed.

☐ Safety plan is no longer needed.

IN-HOME SAFETY ANALYSIS AND PLANNING

In-Home Safety Plan is determined. Summarize the conditions that have changed since last safety analysis to support reunification with an In-Home Safety Plan.

Out-of-Home Safety Plan is the only protective intervention possible for one or more children (whether family designated arrangement or removal/ placement).

Summarize reason for Out-of-Home Safety Plan or Removal/ Placement (if applicable), and Conditions for Return. Conditions for return should indicate what must change for an In-Home Safety Plan to be executed which would allow a child to return home with the use of in-home safety services in order to manage the way in which impending danger is manifested in the home while treatment and safety management services are implemented.

Based on the determination selected above, describe the assessment process to reach this conclusion.

XV. OUTCOME(S) EVALUATION

OUTCOME # 1 Brian XXXXX is able to demonstrate the skills necessary to parent his child safely and effectively.

Outcome Achievement: Mr. XXXXX is able to demonstrate knowledge of child development, safety risks, and the need for age appropriate supervision, and is able to demonstrate that he can use his knowledge to parent safely and effectively.

Applies to the following participants: XXXXX, Brian | **Est. Cost to Parent(s) (if applicable):** $0.00

Who	Actions/Tasks	Est. Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Service Referral	Service Referral Request Needed	Freq of Service
XXXXX, Brian	In-Home Parenting Mentoring, upon Reunification. Parent agrees to sign provider releases and follow recommendations made by the provider during participation in this service.	05/14/2015	CBC pays for local service. Additional recommendations reviewed as needed.	At home.		No	Weekly

Provider Name	FSFN Provider	Provider Address	Provider Phone Number	Provider Email
XXXXX	No			

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Service Category	Service Type	Task Complete
Parent Education/Training	In-home Parenting	No

Who	Actions/Tasks	Est. Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Service Referral	Service Referral Request Needed	Freq of Service
XXXXX, Brian	Parenting Class; Sign provider releases; Follow provider recommendations that may result from participation in this service.	05/14/2015	CBC pays for local service. Additional recommendations reviewed as needed.	Trenton, FL	07/22/2014	Yes	Weekly

Provider Name	FSFN Provider	Provider Address	Provider Phone Number	Provider Email
XXXXX	Yes	XXXXXXXXXX		

Service Category	Service Type	Task Complete
Parent Education/Training	Parenting Group	No

Overall Outcome Progress:

- ☐ Excellent
- ☐ Adequate
- ☐ Not Adequate
- ☒ No Progress

Explanation of progress assessment: The father has been referred for parenting class, but has not yet engaged. The father states that he plans to begin attending parenting upon his release from incarceration, however, his release date is not known at this time. The father will not participate with in-home services until reunification has been achieved.

OUTCOME # 2 Brian XXXXX is able to manage his mental health effectively so that he can parent safely and effectively. The father's mental health will not negatively impact his ability to parent.

Outcome Achievement: Mr. XXXXX will demonstrate the ability to effectively manage his mental health in an effort to keep it from interfering with his ability to safely provide for and protect his child.

Applies to the following participants: XXXXX, Brian | **Est. Cost to Parent(s) (if applicable):** $0.00

Who	Actions/Tasks	Est. Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Service Referral	Service Referral Request Needed	Freq of Service
XXXXX, Brian	Psychological Evaluation; Parent agrees to sign provider releases and follow recommendations made by the provider that may result from participation in this evaluation.	05/14/2015	CBC pays for local service. Additional recommendations reviewed as needed.	CBC pays for local service. Additional recommendations reviewed as needed.	06/03/2014	Yes	One-Time

Provider Name	FSFN Provider	Provider Address	Provider Phone Number	Provider Email
XXXXX	Yes	XXXXXXXXXX		

Service Category	Service Type	Task Complete
Assessment & Evaluation	Psychological Evaluation	No

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Progress Update

Overall Outcome Progress:

- ☐ Excellent
- ☐ Adequate
- ☐ Not Adequate
- ☒ No Progress

Explanation of progress assessment: A referral has been made for the father to participate in a psychological evaluation. The father has not yet engaged in this service. The Family Care Counselor will ensure that the father has the contact information to set up the evaluation again as soon as he is released from incarceration.

OUTCOME # 3 Linda XXXXX is able to demonstrate the skills necessary to parent safely and effectively.

Outcome Achievement: Ms. XXXXX demonstrates knowledge of child development, safety risks, and the need for age appropriate supervision, and is able to demonstrate that he can parent safely and effectively.

Applies to the following participants: XXXXX, LINDA | **Est. Cost to Parent(s) (if applicable):** $0.00

Who	Actions/Tasks	Est. Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Service Referral	Service Referral Request Needed	Freq of Service
XXXXX, LINDA	In-Home Parenting Mentoring, upon Reunification. Parent agrees to sign provider releases and follow recommendations made by the provider during participation in this service.	05/14/2015	CBC pays for local service. Additional recommendations reviewed as needed.	At home.		No	Weekly

Provider Name	FSFN Provider	Provider Address	Provider Phone Number	Provider Email
Approved provider, to be determined.	No			

Service Category	Service Type	Task Complete
Parent Education/Training	In-home Parenting	No

Who	Actions/Tasks	Est. Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Service Referral	Service Referral Request Needed	Freq of Service
XXXXX, LINDA	Parenting Class; Sign provider releases; Follow provider recommendations that may result from participation in this service.	05/14/2015	CBC pays for local service. Additional recommendations reviewed as needed.	Umatilla, FL		No	Weekly

Provider Name	FSFN Provider	Provider Address	Provider Phone Number	Provider Email
Approved provider, to be determined.	No			

Service Category	Service Type	Task Complete
Parent Education/Training	Parenting Group	No

Overall Outcome Progress:

- ☐ Excellent
- ☐ Adequate
- ☐ Not Adequate

FLORIDA SAFETY DECISION MAKING METHODOLOGY
Progress Update

☒ No Progress

Explanation of progress assessment: The mother has not maintained contact with the Family Care Counselor. After the child was sheltered, the mother relocated to another county (Lake County) and failed to maintain contact or keep an updated phone number or address on file with the Family Care Counselor. The Family Care Counselor was able to recently obtain the mother's contact information when the mother called the caregiver, and a courtesy request to assist the mother in completing her case plan tasks was initiated to Lake County. There are reports that the mother may have moved again within Lake County, however, the courtesy worker has been attempting to contact the mother and the mother has not responded.

OUTCOME # 4 Linda XXXXX is able to manage her mental health effectively so that she can parent safely and effectively. The mother's mental health will not negatively impact her ability to parent.

Outcome Achievement: Ms. XXXXX will demonstrate the ability to effectively manage her mental health in an effort to keep it from interfering with her ability to safely provide for and protect her children.

Applies to the following participants: XXXXX, LINDA | **Est. Cost to Parent(s) (if applicable):** $0.00

Who	Actions/Tasks	Est. Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Service Referral	Service Referral Request Needed	Freq of Service
XXXXX, LINDA	Continue Participation in Medication Management, as recommended; Current Psychiatric Evaluation; Sign provider releases; Follow provider recommendations.	05/14/2015	CBC pays for local service. Additional recommendations reviewed as needed.	Umatilla, FL		No	As needed

Provider Name	FSFN Provider	Provider Address	Provider Phone Number	Provider Email
Approved provider, to be determined.	No			

Service Category	Service Type	Task Complete
Medical/Dental	Medical Services	No

Who	Actions/Tasks	Est. Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Service Referral	Service Referral Request Needed	Freq of Service
XXXXX, LINDA	Psychological Evaluation; Parent agrees to sign provider releases and follow recommendations made by the provider that may result from participation in this evalation.	05/14/2015	CBC pays for local service. Additional recommendations reviewed as needed.	Umatilla, FL	06/03/2014	Yes	One-Time

Provider Name	FSFN Provider	Provider Address	Provider Phone Number	Provider Email
XXXXX	Yes	XXXXXXXXXX		

Service Category	Service Type	Task Complete
Assessment & Evaluation	Psychological Evaluation	No

Overall Outcome Progress:

☐ Excellent
☐ Adequate

FLORIDA SAFETY DECISION MAKING METHODOLOGY

Not Adequate ☐
No Progress ☒

Progress Update

Explanation of progress assessment: The mother has not maintained contact with the Family Care Counselor. After the child was sheltered, the mother relocated to another county (Lake County) and failed to maintain contact or keep an updated phone number or address on file with the Family Care Counselor. The Family Care Counselor was able to recently obtain the mother's contact information when the mother called the caregiver, and a courtesy request to assist the mother in completing her case plan tasks was initiated to Lake County. There are reports that the mother may have moved again within Lake County, however, the courtesy worker has been attempting to contact the mother and the mother has not responded. The mother has not engaged in this evaluation to date.

Changes in case plan goals, outcomes, actions and/ or supports: No Changes Needed

Barriers To Achieving Desired Case Plan Outcomes: The father is currently in jail and his release is unknown. The parents have not yet begun their case plan tasks. The mother has failed to maintain contact with the Family Care Counselor to arrange for case plan services to be coordinated and she has moved frequently. Neither parent is employed and financial issues are a concern. The parents need to engage in consistent and meaningful visitation in order to maintain a strong bond with their child.

Activity Report Out

Slide Purpose:

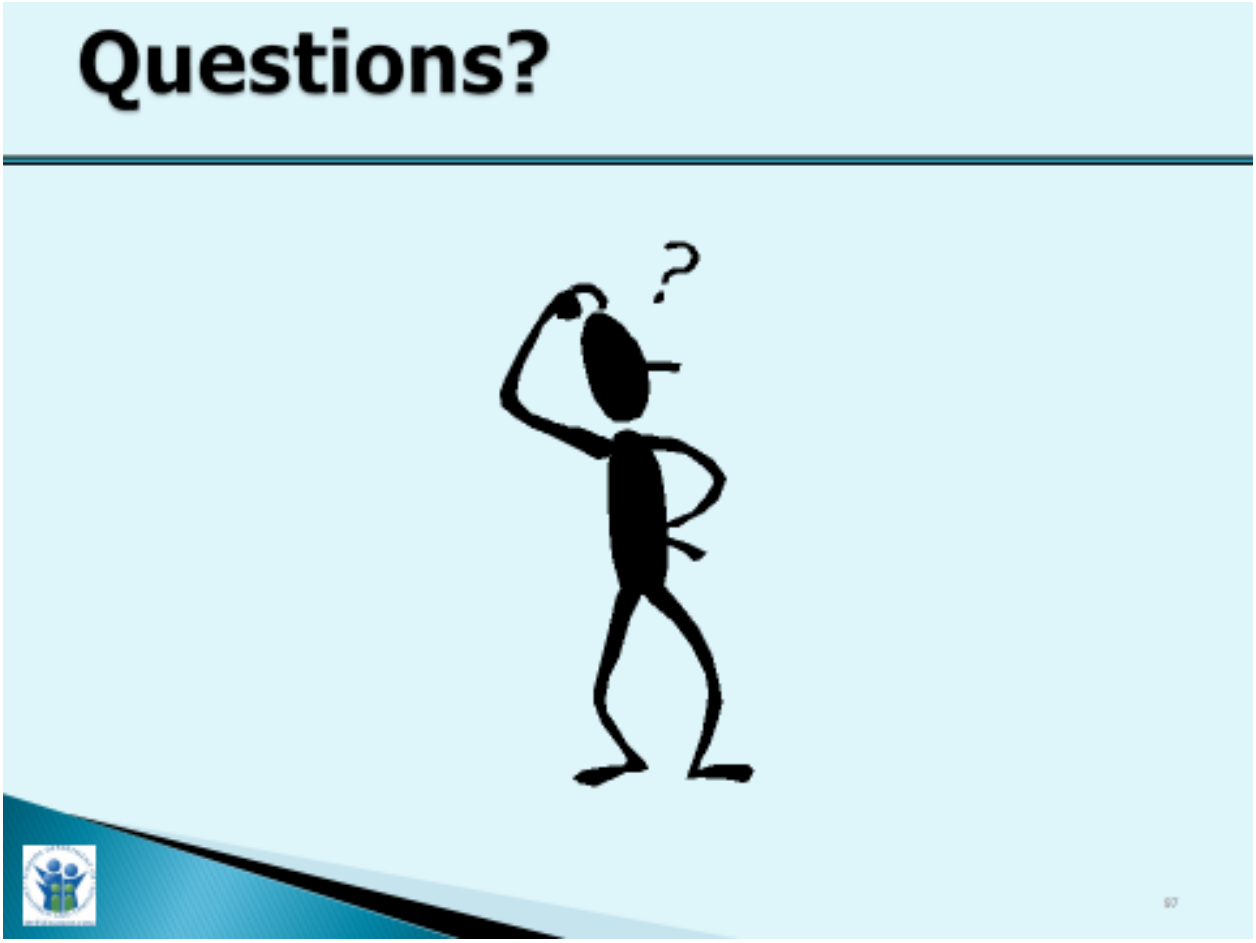
1. This slide is intended to provide a visual for the activity report out.

Trainer Note:

1. Use the trainer worksheet located in the Trainer Guide to guide the report out with groups.

Trainer Narrative:

1. Begin the exercise report out with the first question, record information on a flip chart as groups provide their information.
2. Validate accurate information, based upon the trainer guide and proceed to the next question, repeating the process.
3. Transition to next slide.



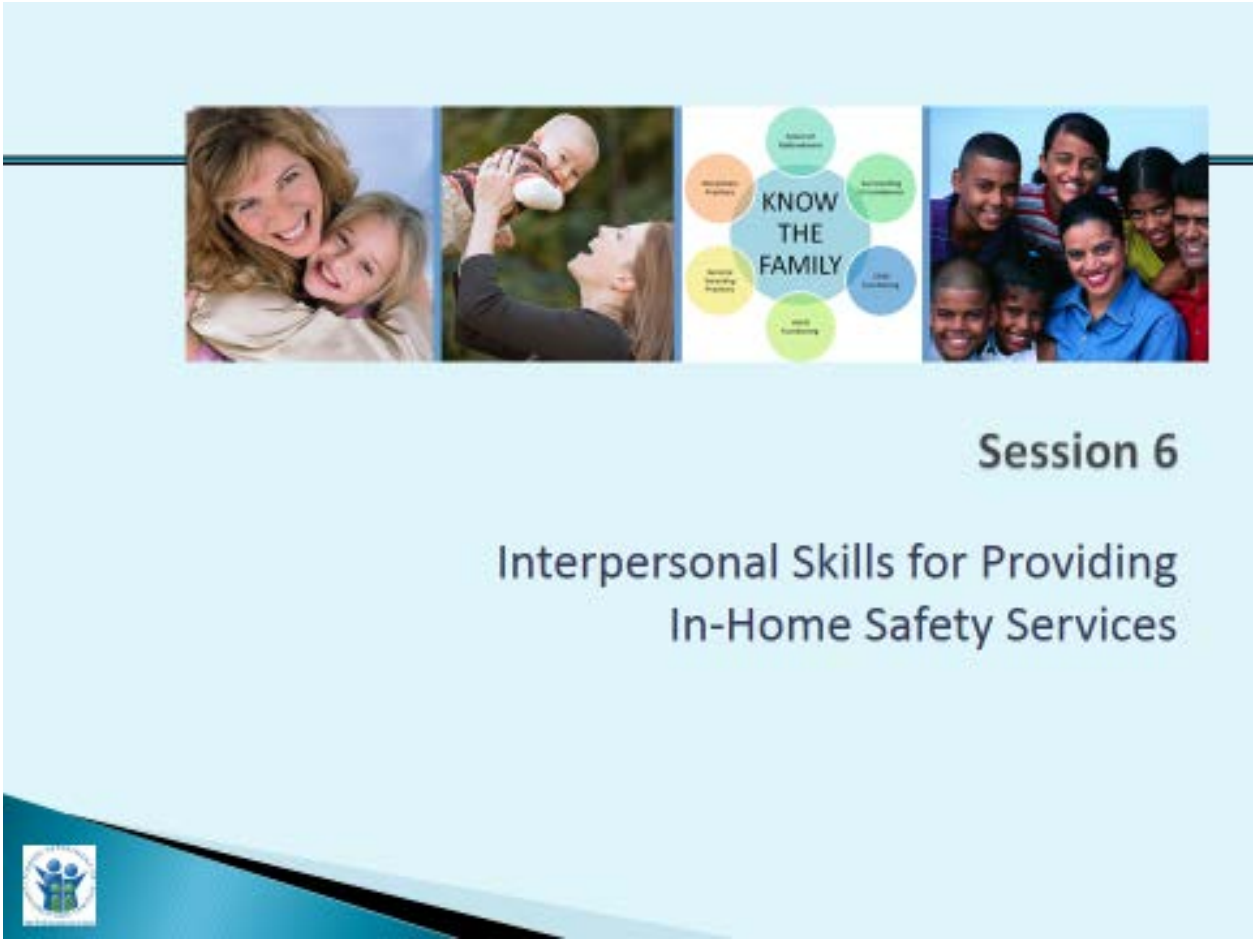
Questions

Slide Purpose:

1. This slide is intended to provide an opportunity for participants to ask questions and/or seek clarification.

Trainer Narrative:

1. Inquire of participants if they have any questions regarding the review or about any information we have covered thus far.
2. Answer any questions and/or provide any clarification as needed.
3. Transition to next slide.



Interpersonal Skills for Providing In-Home Safety Services

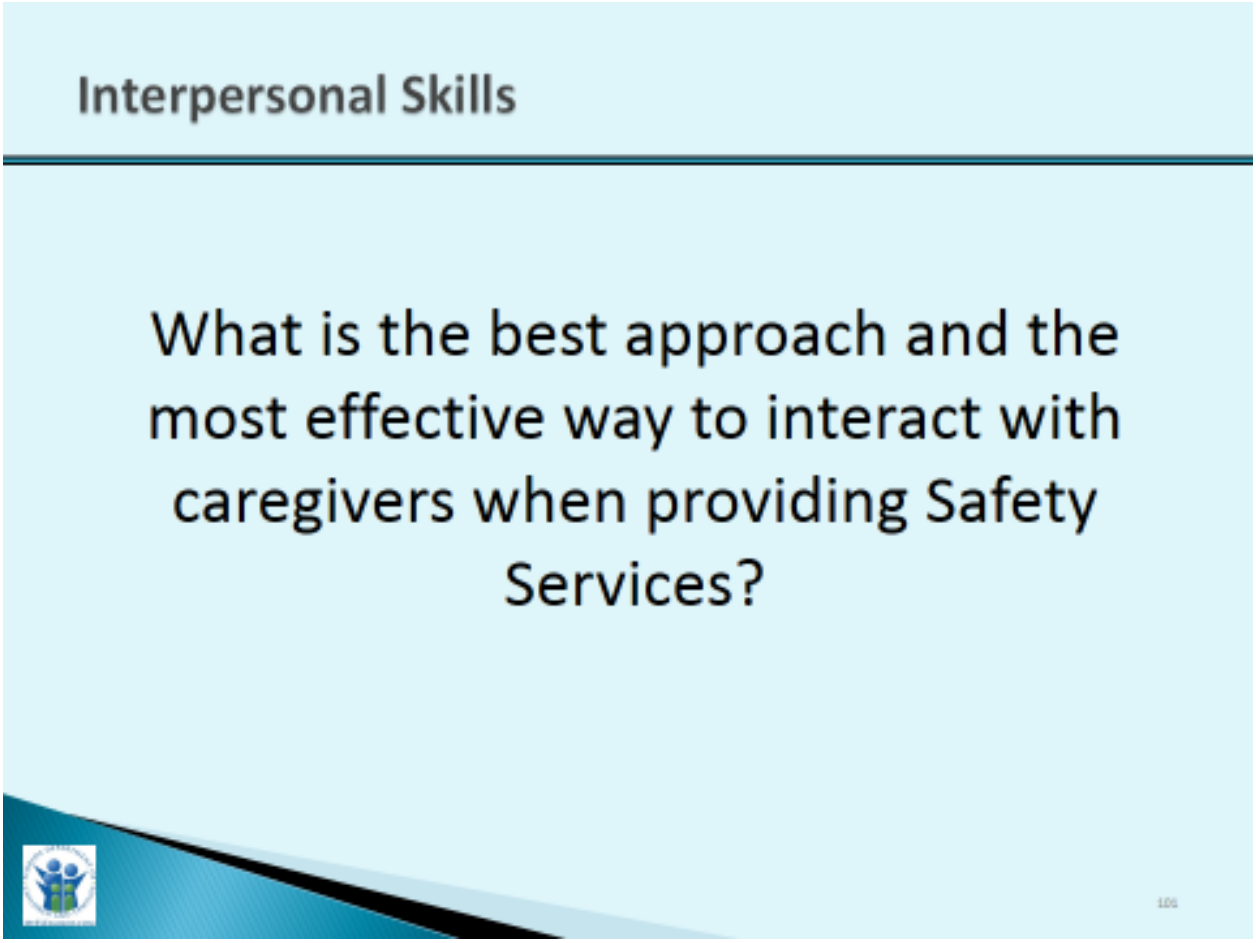
Session 6

Slide Purpose:

1. This slide is a visual to provide an introduction to Session 6.

Trainer Narrative:

1. Provide an overview for session 6. Explain to participants we will be discussing the importance of interpersonal skills throughout the process of providing in-home safety services. Explain that we will be discussing things such as personal qualities, characteristics of caregivers and the importance of listening.



Interpersonal Skills

(40 minutes)

Slide Purpose:

1. To discuss the word interpersonal in more depth.

Trainer Narrative:

1. Refer participants to this slide which is in their participant guide on **page 132.**
2. Focus on the word "interpersonal." What comes to mind for participants solely based upon the word interpersonal? What does it mean? Is it something that exists as in a situation is interpersonal? Does it describe something about the relationship between people? Other descriptors include: social, personal, interactive, relational, shared, subjective, respective, intimate, communicating, collaborating, and cooperating. Toss a few of

these descriptors out and check out the reaction or response from participants.

- "Subjective" is an interesting aspect of the business of being interpersonal. Subjective refers to an involvement with a person which is based on the unique and individual nature of the people involved, which is more important to the relationship than the "objective" which is concerned more with why the people are involved such as caregivers not protecting or Safety Managers overseeing Safety Plans.
- Being involved with caregivers. This is the central message here. The idea of "interpersonal" is that people are involved with each other, and there is interaction, discourse, exchange. What do participants think of that?

3. Participants can be reminded that their responsibilities include attaining the objective of Safety Plans consistent with a Safety Category through the implementation of Safety Services provided by them or others. This results in Safety Plan sufficiency.
4. Given those expectations, do participants agree that their professional interpersonal approach can influence the effectiveness of the intervention and in turn influence the extent to which the Safety Intervention Objective is achieved?
5. To start this session on interpersonal interaction with caregivers, what do participants believe to be the best approach or the best use of themselves for interacting with caregivers when providing an In-Home Safety Service? Brainstorm this question.
    - If there is not time to brainstorm the question, make a judgment about proceeding directly to the exercise.
6. Exercise
    - Refer participants to the exercise handout on **pages 133-135** in the participant guide.
    - Review instructions.

- 15 minutes to complete the exercise.

7. Debriefing – 10 minutes
    - Make this a rousing free-for-all discussion.
    - Ask a set of partners to report on scenario # 1 and get others involved sharing what they came up with.
    - Do the same with scenario #2.
    - These experiences emphasize the subjective aspects of involvement with caregivers in interpersonal ways which emphasize acceptance of caregivers and their right to their feelings, the Case Manager's empathy for caregivers and their life experience, and the conscious use of self that Case Managers should consider to individualize how they relate to and involve themselves with caregivers.
    - Conclude debriefing by summarizing with the next slide.

Perceptions of Individual Behavior

Instructions:

After reading each scenario, discuss with your partner the questions provided, and arrive at your best thinking concerning your personal approach to each case. Notice the first scenario is focused more on how you will respond, while the second scenario is focused on you "getting into the mother's shoes" to consider how you might feel given her experience.

Scenario 1

An FFA was recently completed on a 46-year-old single father and his 9-year-old son, who has physical disabilities. The father has been the single primary caregiver since the mother "walked out" on the family two years ago. The FFA concluded that the father's substance usage is out of control and affecting his ability to care for his son. The father denies that his son is unsafe. He acknowledges that it has been very challenging but he is doing the best he can and he is doing "what [he] needs to." The FFA worker made it clear to the father that he was making decisions that reflected that he was not putting the needs of his son ahead of his own. Further, the father was informed that his son was unsafe because of his drinking, lack of responsiveness, and inability to consistently attend to his son's needs.

The father rejects the conclusion of the FFA but says that he is willing to do whatever is necessary. He agrees to an In-Home Safety Plan if that is a "condition of what he has to do." The father is reluctant about what the In-Home Safety Plan would involve. He insists in knowing exactly what someone is going to tell him about caring for a 9-year-old physically disabled son. He vacillates back and forth between agitation and resignation that he "has to do what he is told." The father has an 18-year-old from another marriage. He has no previous history with the department.

1. What different feelings might be occurring with this father as he faces having his case opened up for In-Home Services with an In-Home Safety Plan?

2. How would you interact with this father? How would you engage with him? How would you use yourself to create an interpersonal relationship? How would you identify with him and his feelings

Scenario 2

A 6-year-old little girl has a Safety Plan that involves Safety Categories of Behavior Management, Social Connection and periods of Separation. A significant Safety Service in the Safety Plan involves the child residing out of the home with the maternal grandmother on designated days during the week. Although the mother does not have a "relationship" with the maternal grandmother, and often feels alienated from her, she agreed to the conditions of the Safety Plan because she did not want her daughter to be placed in foster care.

The mother is emotionally connected to the child and there are clear indications that the child is attached to the mother. The mother has some mental health and addiction problems, which resulted in her being neglectful and often failing to meet the child's needs. The trailer where the mother and child lived was in deplorable condition at the onset of involvement.

For the most part the mother is very cooperative and has expressed a desire to change and be a better mother. She is consistently appropriate when the child is with her. Since the Safety Plan was implemented, there have been no identified concerns when the child is in the home. When the child returns to the home after being with the grandmother, the child is very clean, her hair is braided and she is dressed neatly. The child has gained weight and seems to be adjusting to the transition back and forth from the grandmother to the mother remarkably well.

When the child returned home on this last Tuesday, the mother tried to celebrate her daughter's birthday. The mother got her daughter a teddy bear. The child brought back home numerous new toys that she got from a birthday party held by her grandmother. On Friday, the child returned to the grandmother as part of the Safety Plan. The following week the mother's whereabouts were unknown. After several days it was discovered, by neighbors at the trailer park, that following the child's last time home the mother packed a couple of plastic bags and hitched a ride. They have not seen her for several days.

Think about you being the mother; think about ways you might feel about your life personally; think about how you might feel after each time that you see your daughter; think about how you would feel about the kind of parent you are.

1. Pick out a feeling the most closely fits with how you would feel and experience the situation in this scenario - then scale it.

Feelings

No feeling, sad, demoralized, angry, hopeless, ambivalent, hopeful, optimistic, happy, indifferent or other: state another choice.

List Your Predominant Feeling with Respect to How the Mother Must Feel, Based on How You Might Feel:

2. Rate your feeling

Rate the Level of the Feeling You Might Experience If You were the Mother

None	Minimal	Moderate	Significant	Extreme
1	2	3	4	5

3. Be prepared to discuss the thought and feeling process you went through to arrive at your rating.

4. How might this have influenced your interpersonal approach with this mother with respect to Safety Management?

Personal Qualities Influencing Safety Manager Interpersonal Effectiveness
(5 minutes)

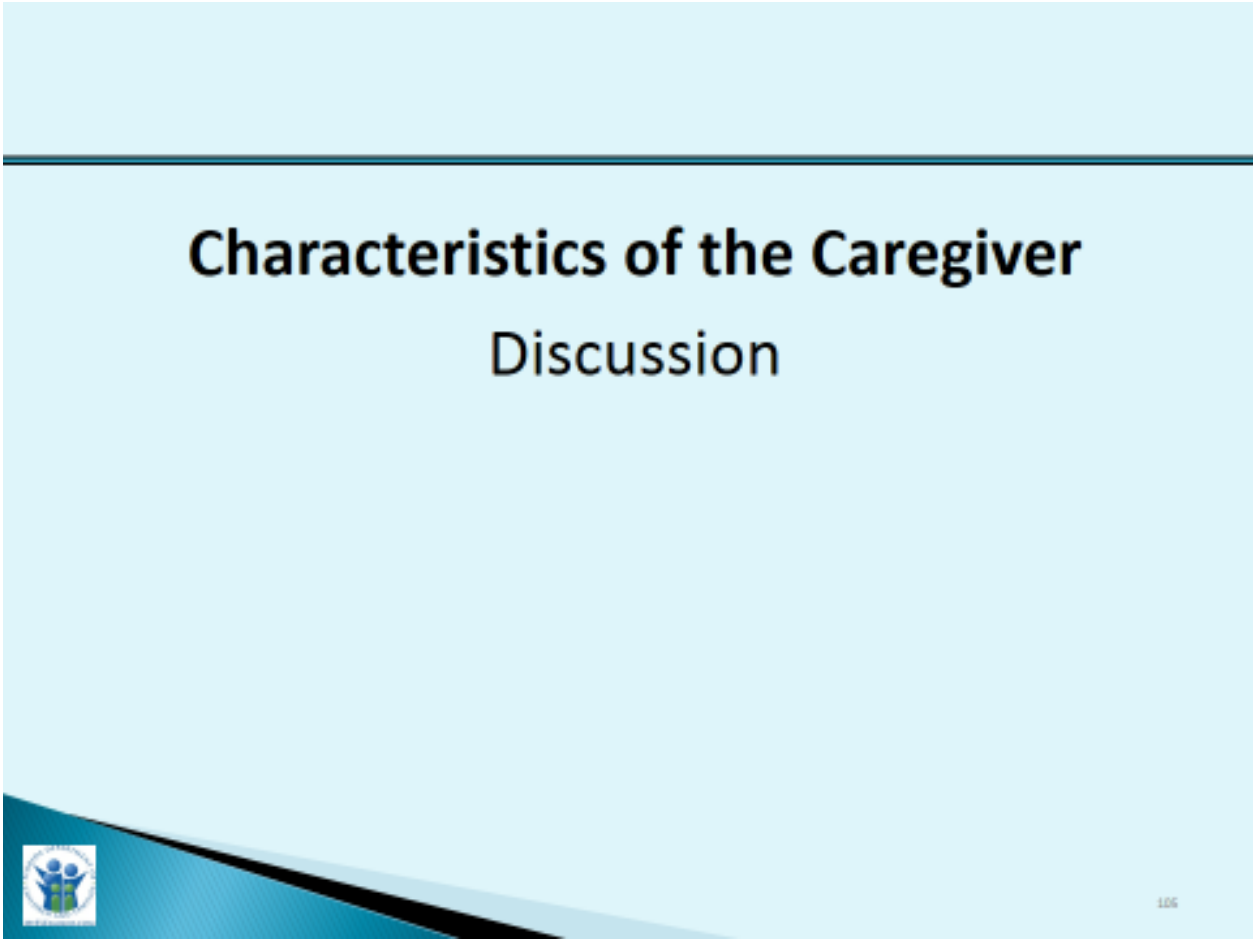
Slide Purpose:

1. Discuss personal qualities and the influence they have on the Case Manager's approach.

Trainer Narrative:

1. Personal qualities will have the most influence in the Case Manager's approach to safety intervention and how Safety Services are received my caregivers.
2. Much of what can be attributed to caregiver resistance or inability to engage has to do with the way Case Managers treat and talk to the caregivers with whom they are working.

3. Case Managers can and should anticipate that when caregivers enter into the system, most of them do so on an involuntary basis. In a word, they are resistant to being involved with the DCF. The extent to which a caregiver remains closed and resistance often depends on how Case Managers and CPI interact with them. This cannot be emphasized enough.
4. Along these lines, it is important to remember that resistance is the manifestation of feelings, thoughts, and emotions that people have, to maintain and defend themselves against what they perceive as a threat or interference in their lives and toward them personally. That is why the ability for Case Managers to empathize with caregivers is so important for addressing resistance.
5. The exercise that the participants just completed is an exercise related to empathy, compassion, and indirectly, genuineness. A Case Manager's ability to empathize is the fundamental key to being able to engage and reduce resistance and is essential in creating an interpersonal relationship with caregivers.



Characteristics of the Service Population

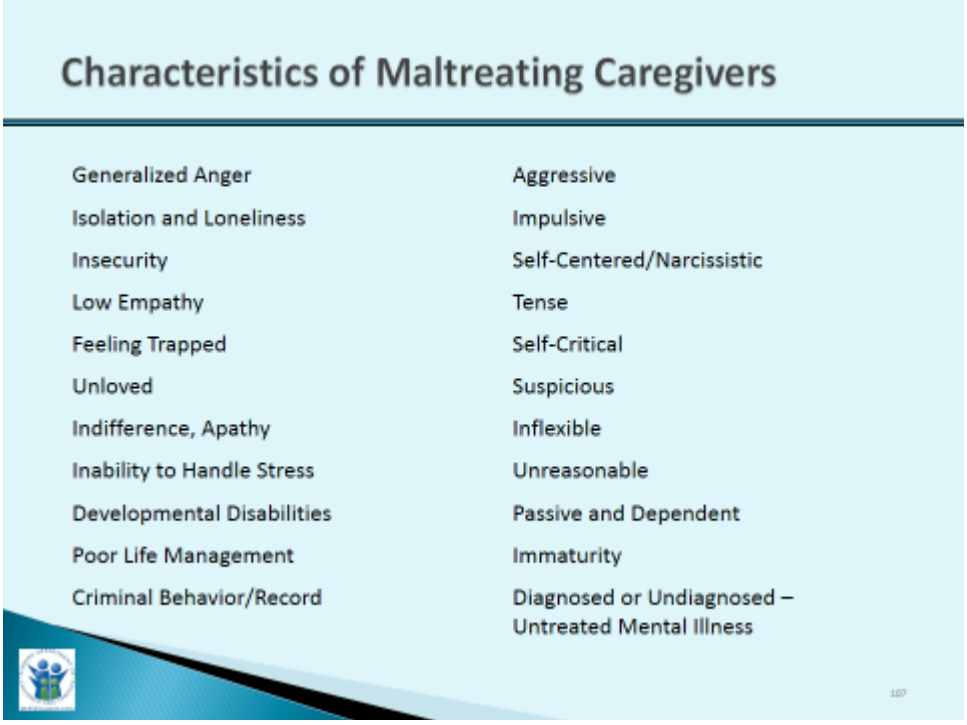
Discussion (5 minutes)

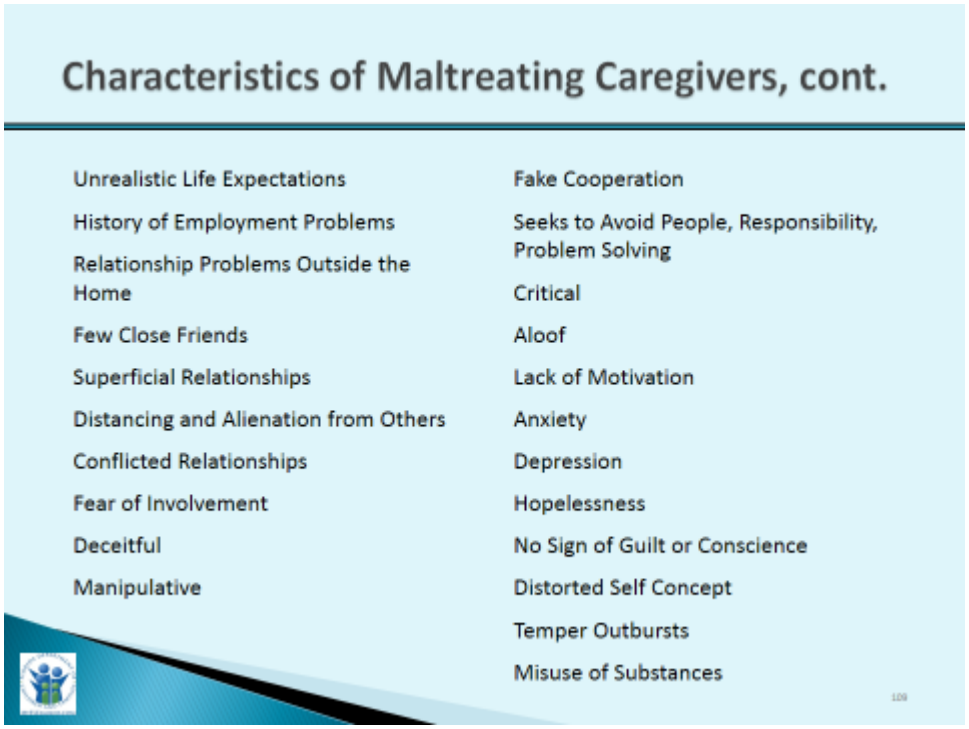
Slide Purpose:

1. Discuss common characteristics of caregivers.

Trainer Narrative:

1. Open it up for discussion.
2. What are some common characteristics of caregivers involved with DCF who have Safety Plans?
3. What do participants regard as characteristics of caregivers they are likely to encounter?





Characteristics of Maltreating Caregivers

(5 minutes)

Slide Purpose:

1. To provide a brief review and to emphasize to participants the challenges that caregivers face in their daily life in terms of their functioning and adaptation to their life experience.

Trainer Narrative:

1. These slides are provided here for a brief review and to emphasize to participants the challenges that caregivers face in their daily life in terms of their functioning and adaptation to their life experience.
2. An abundance of research exists concerning characteristics of abusing and neglecting parents.
3. Review some of these characteristics.
    - Point out that these characteristics apply uniquely to different caregivers both in degree and collection of characteristics for an individual caregiver. For instance, many caregivers do not have criminal backgrounds, while many caregivers may demonstrate feelings of hopelessness.
    - Case Managers can consider these characteristics within the framework that follows and answer the questions with identification of a characteristic.
4. Adult Functioning Framework:
    - How an Adult Understands What is Happening Around Him – In His Life.
    - How an Adult Manages and Muddles Through Life.
    - How an Adult Manages His Feelings in Situations and with People.
    - How an Adult Represents His Moral and Ethical Fiber – what is right and wrong, good and bad.
5. With respect to these Adult Functioning questions, participants may see how caregiver characteristics apply. For instance, when considering how a caregiver manages and muddles through life, a

Safety Manager might see caregivers who seek to avoid or have unrealistic expectations for themselves.

6. The point here is that Case Managers will be more successful if they seek to understand the challenges that caregivers face and how caregivers choose or tend to respond to life; such understanding can serve the Case Manager with respect to demonstrating empathy and considering how to become involved interpersonally with the caregiver.

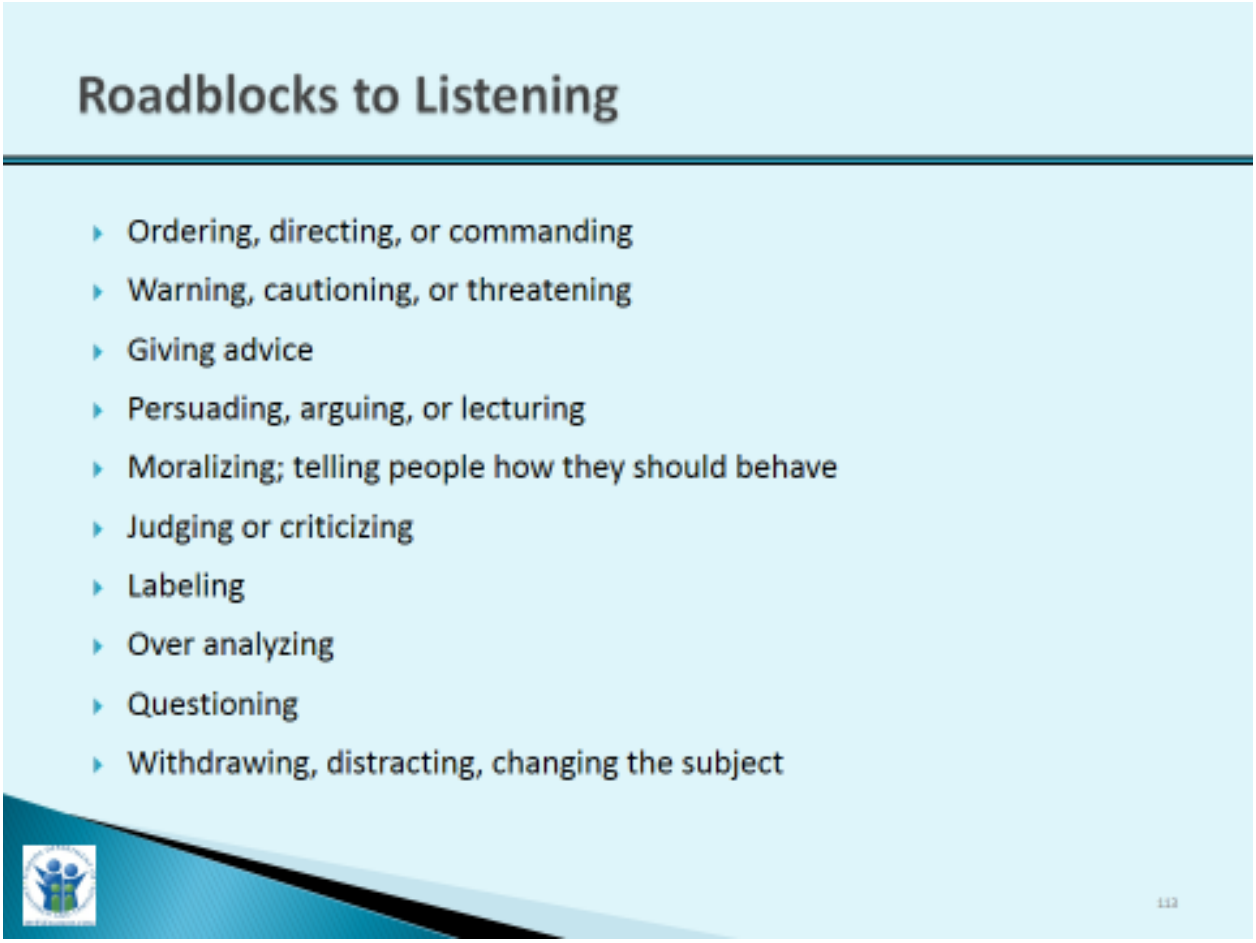
Listening is Key
(5 minutes)

Slide Purpose:

1. To discuss with participants the importance of listening.

Trainer Narrative:

1. This slide is on **page 139** in the participant guide.
2. Make comments related to the importance of listening; discipline required; genuine interest in wanting to hear and understand what caregivers are communicating.



Roadblocks to Listening

(5 minutes)

Slide Purpose:

1. To discuss the way certain management styles can impact caregiver response.

Trainer Narrative:

1. This slide is on **page 140** in the participant guide.
2. Make general comments about how the Case Manager's style influences caregiver response.
3. These are the kinds of responses that are used too frequently, and often they result in caregivers not feeling heard. This hinders engagement and can actually reinforce caregiver resistance.

Core Interpersonal Skills
(20 Minutes)

Slide Purpose:

1. This slide is to facilitate a reading and discussion experience.

Trainer Narrative:

1. Refer to handout on *Core Interpersonal Skills* on **pages 142-146** in the participant guide.
2. Inform participants they will briefly review some core interpersonal skills in preparation for a competition exercise. In the upcoming exercise, participants will be testing themselves to see how many skills they can use within a designated amount of time.
3. Participants read the handout - 10 minutes.
4. Review and discuss the skills with participants. Spend around 10 minutes covering the content. Field questions while proceeding through the skills.

Interpersonal Core Skills

Listening Skills

Attending

Attending behaviors are verbal and nonverbal. You focus your attention on the caregiver rather than your agenda or your line of questioning. Attending behavior involves "matching" the caregiver's non-verbal behavior by consciously manipulating and controlling your own non-verbal skills and responses. Primary attending behaviors include: eye contact, facial expressions, body language, posturing and gesturing, following, reflecting, and vocal qualities—tone and pace. You are attending when you nod; say "yes" or "mm-hmm" or "right" or "I understand" or "sure" to show you are staying tuned in.

Paraphrasing

Paraphrasing occurs during listening when you respond to basic messages. Paraphrasing is restating a message, but usually with fewer words. Where possible, try and get more to the point. Paraphrase to test your understanding of what you heard. You communicate that you are trying to understand what is being said. If you are successful, paraphrasing indicates that you are following the caregiver's verbal explorations and that you are beginning to understand the basic message. When paraphrasing, consider what the caregiver appears to be thinking and feeling.

The primary intent of paraphrasing during Safety Service delivery conversations is to facilitate the clarification of statements, issues, and concerns. Paraphrasing may involve selecting and using a caregiver's own key words. This enables you to better judge whether what you heard from a caregiver was in fact accurate. Beyond your reuse of the caregiver's key words, it is important to note that paraphrasing is not simply stating back the person's comments verbatim. Paraphrasing involves formulating the essential message that the caregiver is conveying and then stating that message back in your own words. When using this listening skill, make sure that you always check out the accuracy of your statement by concluding the paraphrase with a simple question such as: "Is that correct?" "Does that sound accurate?"

Clarifying

Clarifying is the process of bringing vague material shared by the caregiver into sharper focus. You try to untangle your unclear or wrong interpretation of what the caregiver is communicating. You do this by getting more information. This can also be helpful for the caregiver to see other points of view. By clarifying you bring more certainty in identifying what was said. You might say, "I'm a little confused. Let me try to say what I think you have been telling me" or "Tell me more about that. I'm not sure I get what you mean."

Perception Checking

This is a request for verification from the caregiver of your perceptions. Somewhat like clarifying, perception checking emphasizes to the caregiver that you are focused on listening and interested in getting the caregivers messages accurately. This allows you to give and receive feedback. This allows you to check out your assumptions. Here is an example: "Let me see if I've got it straight. You said that you love your children and that they are very important to you. At the same time you can't stand being with them. Is that what you are saying? Have I got that right?"

Summarizing

Summarizing is pulling together, organizing, and integrating the major aspects of what you have listened to from the caregiver and what your dialogue with the caregiver has been about. You provide a summary of the various themes and emotional overtones. You put key ideas and feelings into broad statements. You do not add new ideas or introduce new content. Your summary gives a sense of movement and accomplishment to the communication and the listening experience. It provides a foundation for further discussion that might occur at a later safety service delivery exchange. Summarizing provides to the caregiver your understanding of the major ideas, facts and feelings that you have been listening to.

Leading Skills: **Leading skills provide direction to the conversation and interaction.**

Encouraging

This skill serves to keep people talking about a particular topic, issue, or concern. Encouraging may be as simple as using a slight verbal prompt such as: "Uh-huh"; "I see"; "Go on"; "Then what?" Encouraging may also involve you using precisely chosen key words or key phrases, stated by the caregiver in order to get the person to elaborate further such as: "Angry?"; "Not the first time?"; "Always happens?"; "You screwed up?"

Focusing

This skill helps you control confusion, diffusion, and vagueness. You direct or re-direct the conversation and intentionally increase or decrease caregiver feedback. Focusing enables you to consider an issue from multiple perspectives. Focus on the caregiver by using reflection and open-ended questions to stimulate caregivers statements back to him or her. For instance, "You're pretty upset about this. Talk with me a little bit about how long you've been feeling like this."

You can focus on a main theme by directing the focus of a caregiver's statements onto a central issue, concern or subject. This enables you to gain more insight about "facts"…"pieces of information" regarding situations, issues, circumstances, etc. For instance, "I know right now it's hard for you to think about anything other how your life is being interfered with. It is frustrating. But right now it would be helpful for you to talk with me more about your attempts at getting your feelings under control."

You can focus on others by directing the focus of a caregiver's statements into individuals outside of the family. For instance, "What does your friend Gail think about what is happening?"

You can focus on the family. If caregiver issues relate to other individuals in the family network, consider opportunities to direct the focus of the caregiver's statement onto other family members. For instance, you could ask, "In talking about the struggles that you've been having with Joey, how much support have you been getting from your husband?"

You can focus on mutual groups or issues. This directs a caregiver's statement toward common ground and/or mutual areas of agreement. For instance, you could focus by saying, "Angry. You feel this is an over-reaction. I'm hoping that you and I can kind work together so that you can feel more invested in the Safety Plan. Is that possible?"

You can even focus on yourself. This directs a caregiver's statement onto you by using either self-disclosure or "I" statements. For instance, "That was my take on what was said and how the decision got made," or "Well, my impression of what occurred when the public nurse was here was…" or "I think it might be helpful for us to go back to what you were saying about…" or "I had an experience like you are describing a while back. Let me share it with you."

Questioning

To lead a conversation you can use open and closed questions.

Open Questions - Typically you want to attempt to begin each new line of questioning and/or transition in topic with an open-ended question. Open questions help to remove you from the responsibility for "carrying" the exchange, by establishing a conversational quality to the interaction. Open questions are questions that cannot be answered "yes" or "no" or in just a few words. Open questions require the caregiver to elaborate with a wider range of responses. Open questions typically begin with words like what, where, how, and why. Open-ended questions can occur within a conversation as inquiries that are not really questions such as, "Tell me about what you were feeling when Bill said that," or "I'm wondering how you were feeling when Bill said that." Although not appearing in the form of a question, the effect is the same.

Closed Questions - Closed questions are used to restrict or narrow the focus of a caregiver's response. Closed questions can be used purposefully when precise detail and greater clarity is needed from the caregiver. As an exception, closed questions may be used more frequently when there are time constraints or when you are conversing with a caregiver who is concrete or is not very verbal.

Reflecting

Reflecting is a skill used to indicate your understanding about what a caregiver believes, thinks, feels, perceives, and understands. Reflecting is done through reflective listening statements. After listening to a caregiver, state your interpretation back to the caregiver. Your

interpretation of what the caregiver is communicating is based on both verbal responses and non-verbal cues from the caregiver (See Listening.) As a skill and mental process, reflective listening statements begin with (1) listening to what is being communicated by the caregiver (e.g., "I am really pissed off"); then (2) processing the information and speculating as to the meaning of what the caregiver is saying (e.g., this parent appears to feel his independence is being taken away from him); and then (3) "reflecting" the meaning back to the caregiver in the form of a statement (e.g., "It must feel like your life is being taken over by everyone"). A statement is used rather than a question, because a statement is less likely to produce caregiver resistance, and, further, a statement triggers the caregiver to re-examine the accuracy of his/her perceptions and thoughts.

Informing

Providing caregivers direction and guidance based on your experience and expertise can promote participation and movement during Safety Service delivery. Through offering ideas and options for a caregiver to consider, you can contribute to and stimulate the conversation and more creative thinking on the part of the caregiver. Providing caregivers with information empowers them. It communicates to them that they are significant enough in their work with you that you are committed to giving them resources which increase their capacity to participate in the safety management process.

Informing should be thought of in elaborate ways. It can involve providing and reviewing written information; providing instructions; identifying resources and how to access them; coaching; teaching knowledge and skill; putting the caregiver in touch with a learning opportunity and so on. These ways of informing have to do with provision of information that is requested or needed by the caregiver or needed as a part of implementing the In-Home Safety Plan. Caregivers also want to know the big picture in terms of what is happening as a part of Safety Management. Informing caregivers routinely and specifically without being asked is an expression of informing as a leading skill.

Be mindful that informing a caregiver occurs within the context of relevance to Safety Management. In other words, informing is a leading skill when it contributes to the delivery of Safety Services. Information that you give to a caregiver that is not within that context maybe helpful to them; maybe an expression of your interest in the caregiver; but is not necessarily what is being defined here as a skill.

Advising

During the course of Safety Service delivery conversations, you give suggestions and opinions based on your experience; your special knowledge; or your critical thinking. Providing advice can be tricky. Keep timing, need, and openness in mind. Providing suggestions and opinions should occur selectively when, during the course of a conversation, you judge that providing some direction through advice or suggestions could get the caregiver "unstuck." Advising may be right because the caregiver expresses the need for such guidance. Your judgment to advise could be prompted by the caregiver's questions, such as "Well, what would you do?" Beware that too much advice-giving can feel controlling; can be experienced as "bossy" or "parenting";

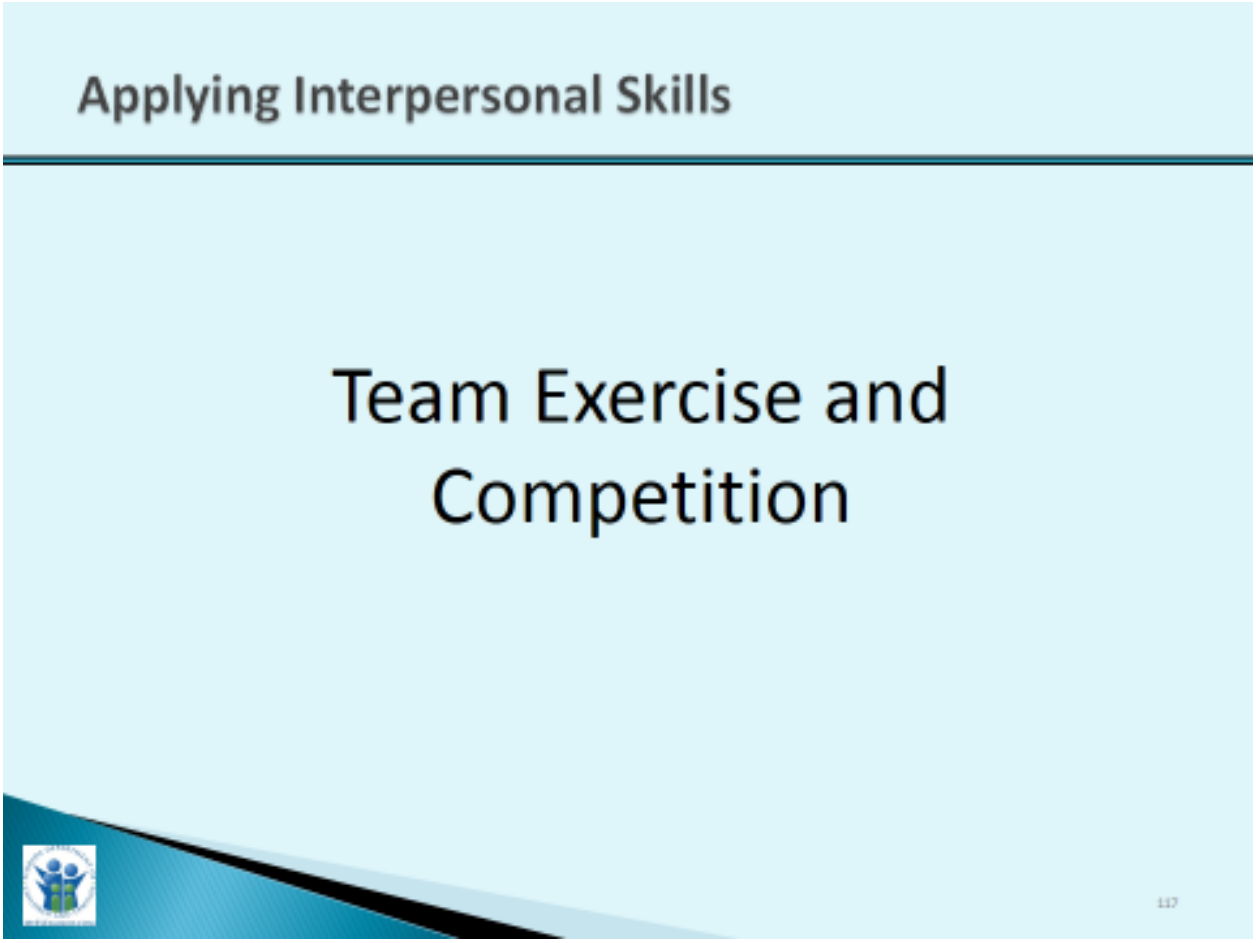
can reinforce dependency rather than free thinking. As your relationship with the caregiver proceeds, you will gain confidence about the caregiver's openness and readiness to receive suggestions and advice. Caregivers who are closed to advice can become resentful, passive resistant, or avoiding, and these kinds of responses are exactly the opposite of what you intend a leading skill to produce.

Confrontation

Confrontation is an initiating skill. Confrontation is "telling it like it is." This is a tricky skill. What meaning does "confrontation" have for you in a general sense? The popular use of the term is associated with conflict, hostility, opposition, argument, and so forth. When the purpose of your statement to a caregiver is to "tell it like it is," those more familiar terms and meanings do not apply. Confrontation as an interpersonal skill points out to a caregiver incongruence in what she says and/or her behavior. You observe and describe in specific terms (concreteness) the discrepancy you see between a caregiver's words, actions, and feelings. Think of confrontation as "facing up" to what is probably obvious – to you, if not to the caregiver. "Have you noticed…"; "Does it occur to you…"; "How's that working out for you…" are the sorts of expressions you can offer to invite caregivers to examine their behavior; to test out their reality; to consider how honest they are with themselves.

There are some things to keep in mind related to confrontation (of the kind emphasized here.) Timing is important. Timing has to do with how long you have been providing Safety Services in the caregiver's home and how comfortable the relationship is between you and the caregiver. Caring is important. Caregivers will be more open to examine their behavior based on what you say if they believe you have their best interest at heart. The need to know is important. This means being selective about how important the incongruence or discrepancy is in relation to Safety Management, and how critical the need is for the caregiver to know and do something at the time.

Be sure of your facts and what you believe to be incongruent. Remember concreteness in terms of being able to describe in specific, concrete ways what you are sharing with the caregiver. Avoid over-stating the issue – making too big a deal out of it. Be objective about confronting the discrepancies or incongruence between words, actions, and feelings, but be subjective about your interest in the caregiver.



Applying Personal Skills
(35 minutes)

Slide Purpose:

1. To introduce the exercise.

Trainer Narrative:

1. This slide is on **page 147** in the participant guide.
2. Refer participants to the exercise handout and instructions *Practicing Using Core Interpersonal Skills* on **pages 148-149** in the participant guide.
3. Carefully review the instructions.
4. Make sure to point out that the *Use of Interpersonal Skill Tally Score Card* is on **pages 150** (following the exercise instructions).
5. Divide participants into teams of four.
6. Each team will be competing against other teams for highest

frequency of use of interpersonal skills.

7. Exercise – 20 minutes
8. Debriefing – 10 minutes
    - Ask participants to elaborate on how they felt about the exercise.
    - Was it difficult or easy? How hard is it to be intentional?
    - Can they appreciate the concept of conscious use of self with respect to timely use of skills?
    - How did participants experience the responsiveness in conversations from those who were in the conversation – for the facilitator and for the person participating with the facilitator?
    - What does this experience teach participants about preparing themselves re: interpersonal skills and the use of interpersonal skills?

Practice Using Core Interpersonal Skills

Instructions:

As previously noted, managing and directly providing a Safety Service is not a passive activity. Safety Management is guided by objectives. The achievement of objectives requires that Safety Managers are thoughtful in their approach when working with caregivers and purposeful in their use of interpersonal skills. It is important to emphasize that the use of interpersonal skills at any given time during meetings with caregivers is intentional. The Case Manager uses an interpersonal skill on purpose in order to gain or stimulate a desired response from a caregiver. The intentional use of skills is necessary for promoting engagement; for guiding conversations; for eliciting information; for providing information; and for supporting and encouraging caregivers.

This exercise will involve participants working in teams to practice intentionally using skills to facilitate a conversation. Participants will be divided into teams of four (4). Each person in the practice team will take a turn "practicing" the use of core interpersonal skills. In preparation for the exercise, participants can refer to the handout on interpersonal techniques as needed.

Specific Instructions:

1. Once into your practice team, decide who will go first in facilitating the conversation using interpersonal skills. Also, decide who will participate in the conversation.
2. Each person will be the facilitator, and each person will take a turn participating in a conversation with a facilitator.
3. The person who is in the conversation with the facilitator should first choose one of the following conversation topics, or pick another topic of their own choosing and inform the facilitator:

    - **Something that I am not very good at, but wish that I was**
    - **Something that I have to do or have had to do routinely that I did not want to**
    - **Something that I would change if I had the ability to do so**

    It is important that the topic chosen is substantive enough to have a conversation about for 5 minutes.
4. The facilitator, who will attempt to use interpersonal skills to facilitate the conversation, is responsible for facilitating the conversation.
5. Once it has been decided who will facilitate the conversation, and who participate in the conversation with the facilitator, the conversation should begin.
6. Each conversation will last approximately 5 minutes.
7. While the conversation is occurring, it is the objective of the person facilitating the conversation to attempt to intentionally use as many interpersonal skills as appropriate.
8. The two team members who are observing the conversation should keep a tally of the number of core interpersonal skills used during the conversation. They should keep their tally on the exercise worksheet *Interpersonal Skill Tally Score card*. It may be easier if the score keepers divide out the skills to keep track of. For instance one score keeper could

track the skills Attending through Focusing and the other score keeper could track Questioning through Confrontation.

9. As an option, the person practicing the use of skills can have the option of stopping the conversation one time to quickly refer to the handout on interpersonal skills, or to confer with fellow team members about use of interpersonal skills.
10. At the end of the four rotations, the total will be added up.

Practicing the Intentional Use of Core Interpersonal Skills
Tally Score Card

Attending

1st Person: *Total-*
2nd Person: *Total-*
3rd Person: *Total-*
4th Person: *Total-*

Paraphrasing

1st Person: *Total-*
2nd Person: *Total-*
3rd Person: *Total-*
4th Person: *Total-*

Clarifying

1st Person: *Total-*
2nd Person: *Total-*
3rd Person: *Total-*
4th Person: *Total-*

Perception Checking

1st Person: *Total-*
2nd Person: *Total-*
3rd Person: *Total-*
4th Person: *Total-*

Summarizing

1st Person: *Total-*
2nd Person: *Total-*
3rd Person: *Total-*
4th Person: *Total-*

Encouraging

1st Person: *Total-*
2nd Person: *Total-*
3rd Person: *Total-*
4th Person: *Total-*

Focusing

1st Person: *Total-*
2nd Person: *Total-*
3rd Person: *Total-*
4th Person: *Total-*

Questioning (Open or Closed)

1st Person: *Total-*
2nd Person: *Total-*
3rd Person: *Total-*
4th Person: *Total-*

Reflecting

1st Person: *Total-*
2nd Person: *Total-*
3rd Person: *Total-*
4th Person: *Total-*

Informing

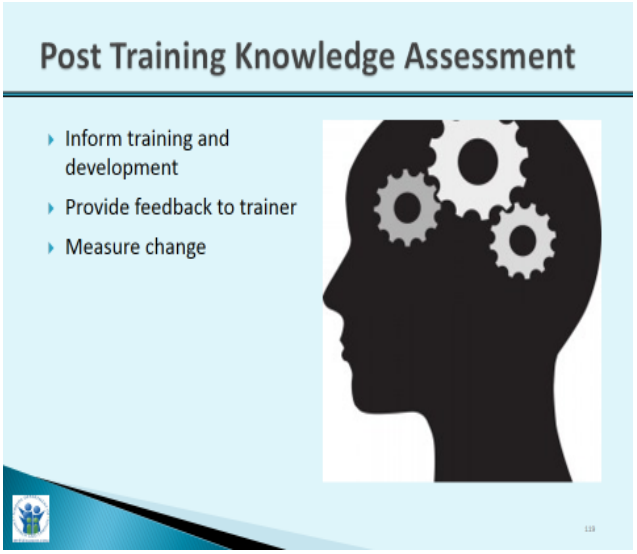
1st Person: *Total-*
2nd Person: *Total-*
3rd Person: *Total-*
4th Person: *Total-*

Advising

1st Person: *Total-*
2nd Person: *Total-*
3rd Person: *Total-*
4th Person: *Total-*

Confrontation

1st Person: *Total-*
2nd Person: *Total-*
3rd Person: *Total-*
4th Person: *Total-*



Baseline Knowledge Assessment and Training Evaluation

(30 minutes)

Slide Purpose:

1. Information to participants to inform assessment and evaluation.

Trainer Note:

1. Provide both the evaluation and post-test at the same time, to allow for participants to complete both, before dismissing the class.
2. Do not dismiss the class until after the post test and the evaluation are completed.

Trainer Narrative:

1. The curriculum objectives were to enhance professional growth and development of child welfare staff, increasing competence; confidence and expertise surrounding assessing and scaling caregiver protective capacities.
2. Inform participants that this is not a test but, rather, a gauge of their knowledge base, post-training delivery.
3. The assessment will be used to inform further assistance and staff development activities, at a global and individual level for participants.

Activity/Exercise:

1. **Hand out the competency post-test assessment for participants.**
    a. **Loose Handout**.
2. **Handout the training evaluation.**
    a. Loose Handout
3. Allow participants 25 minutes to complete the worksheet and evaluation.
4. Have participant's hand in their worksheets to the facilitator.
5. Transition to closing slide.
6. Thank participants for their time and attention over the last two days and dismiss the participants.

Trainer Note:

1. Per the contract requirements the following will need to be completed:
    a. All sign in sheets need to be scanned and emailed to the Region Contact and OCW Contract Managers;
    b. All training evaluations need to be scanned and emailed to the Region Contact and OCW Contract Managers.

TRAINER VERSION
Safety Management & Safety Services Pre/Post Test Key

1. Which one of the following is not part of Florida's Service Array?

____A) Safety management services
____B) Child well-being services
____C) Adult functioning services
____D) Treatment services
____E) Family support Services

2. Safety plans must never be modified, once they are established they remain the same for the life of the case.

_____True
_____False

1. Which of the following is not a safety category?

____A) Behavior Management
____B) Social Connection
____C) Separation
____D) Resource Support
____E) Child Care

4. Safety management is concerned with controlling danger and threats of danger only, not changing family functioning or circumstances.

_____True
_____False

5. Conditions for return should be:

____A) Official written statements
____B) Specific to each individual family
____C) Descriptive of what would be necessary in order to implement an in-home safety plan
____D) Discussed with the family
____E) All of the above

6. Not all cases transferred to Case Management will require safety management.

_____True
_____False

7. Conditions for return are:

____ A) Only developed when the safety plan is an out of home safety plan.
____ B) Written statement that identifies specific circumstances that must exist within a child's home to implement an in home safety plan.
____ C) What must change in the caregivers protective capacity.
____ D) Used to determine when a case can be closed.
____ E) A and B.

8. The least intrusive safety plan is out of home placement of a child.

_____True
_____False

9. Which of the following is not a true statement?

____A) Safety management is a passive function
____B) Safety plans may involve formal and informal service providers
____C) The case manager assumes the function of safety management at case transfer
____D) The case manager may have a service provider role in a safety plan
____E) Visitation management is an aspect of safety management

10. Change management and safety management have the following in common:

____A) They both deal in some way with caregiver protective capacities
____B) They are both addressed through the case plan
____C) They are both only the responsibility of the Case Manager
____D) They are both only carried out in in-home safety plan cases
____E) They both require judicial intervention

Florida Safety Methodology Training Workshops Evaluation Survey

TRAINING DATE: _____ REGION/CIRCUIT: _____
TRAINER'S NAME: _____ WORKSHOP TITLE:_____

Please respond to each question using the following scale:

1 =Strongly Disagree	2 = Disagree	3 = Unsure/Neutral	4 = Agree	5 = Strongly Agree

Please circle the number that most appropriately answers the following questions regarding the TRAINER'S presentation:

1. The quality of the presentation was good.

1	2	3	4	5

2. Participation was encouraged.

1	2	3	4	5

3. The trainer used various tools to match various learning styles (exercises, PowerPoint, lecture, multimedia, etc.).

1	2	3	4	5

4. The trainer was knowledgeable about both the Florida Safety Methodology and child welfare systems.

1	2	3	4	5

5. Overall, I was satisfied with the trainer's performance.

1	2	3	4	5

Additional Comments: _____

Please circle the number that most appropriately answers the following questions regarding the evaluation of the TRAINING CONTENT:

1. I have a clear understanding of the information presented.

1	2	3	4	5

2. The information presented was useful to my work.

1	2	3	4	5

3. The information presented was well organized.

1	2	3	4	5

4. I understand the components of this concept of the Florida Safety Methodology.

1	2	3	4	5

5. I learned specific practice skills as a result of this training workshop.

1	2	3	4	5

6. Overall, I was satisfied with the curriculum contents.

1	2	3	4	5

Additional Comments: _____