

## Chapter 1

## STANDARDS FOR PREPARING FOR FAMILY ENGAGEMENT

1-1. Purpose. The purpose of standards for preparation activities is to ensure that the case manager becomes as informed as possible about information already known about the family, is able to assess the adequacy of the safety plan established, is able to identify information gaps and discrepancies that must be reconciled, and identify strategies for family engagement. Adequate preparation will inform the case manager about the family's progress or challenges with current and past interventions. An adequate understanding of the family's involvement with, and response to, past and current intervention efforts is needed to identify what might already be known relative to the information domains, what gaps exist and what more needs to be learned about the family.

1-2. Preparation Prior to Case Transfer. Prior to case transfer, the designee of the lead agency or Case Management Organization (CMO) should accomplish as much preparation as possible regarding the information collection and safety decision making reflected in the FFA-Investigation (FFA-I) and any history in FSFN so that the transfer conference can be focused and purposeful. Upon notification of a case transfer conference, the following preparation activities should be completed by the designee to the extent possible in order to prepare for case transfer:

a. Review and evaluation of the documentation for the case. This review should include the FFA-Investigation, the Safety Analysis, the Safety Plan and Conditions for Return when there is an out-of-home safety plan.

b. Identification of any questions regarding information sufficiency related to impending danger, the rationale for the safety plan, and level of intrusiveness for safety management. Action items to consider include:

(1) Develop questions to ask during the Case Transfer conference.

(2) Identify information that must be gathered prior to the completion of the FFA-Ongoing.

1-3. Preparation Activities after Case Transfer.

a. The case manager will complete preparation activities on any new case received to inform safety management and the development of the Family Functioning Assessment-Ongoing (FFA-O). To the extent possible, preparation activities will be completed prior to the initial meeting with the family.

b. Preparation activities include a review of case history including:

(1) Historical Information available in FSFN and other systems including any court orders.

(2) FFA-I completed by the investigator to ensure an understanding of:

(a) Danger threats and how they manifest in family.

(b) Caregiver protective capacities.

(c) Vulnerability of child(ren) to the danger threats.

(d) Safety Plan.

(e) Safety Analysis and Conditions for Return.

(f) The case manager's role in managing the safety plan, including the responsibilities for contact with the safety service providers.

(g) What is expected from each safety service provider.

(3) Household composition and dynamics.

(4) Parent(s)/legal guardian(s) and other adults with significant responsibility for the ongoing care and protection of the child.

(5) Which household members might have a role in the case plan, including any paramour of the caregiver, and how the individual's interaction with the parent or legal guardian can be assessed in the appropriate information domain.

(6) Information about parent(s)/legal guardian(s) and prospective parents of the children and how to contact them.

c. The case manager will identify special circumstances that are known to be impacting the family and any past interventions. Given any special circumstances, the case manager will identify whether any special expertise will be needed for this case. Special circumstances include but are not limited to:

(1) Domestic violence.

(2) Parent(s)/legal guardian(s) own childhood history of abuse.

(3) Substance abuse.

(4) Mental illness.

(5) Condition or circumstance of parent(s)/legal guardian(s) that will require assistance with verbal or written communication.

(6) Criminal behaviors and other factors impacting the parent(s)/legal guardian(s) abilities to be protective.

(7) Indicators that an infant or young child (birth to 36 months) may need a referral specifically for a developmental screening or other early intervention screening and assessment for possible developmental delays.

(8) Other special needs of children in the home (e.g., medical, mental, learning disabilities, or deaf and hard of hearing).

d. The case manager will plan the timing, location and circumstances of the parent(s)/legal guardian(s) contact based on what is learned about the family. Considerations for the first meeting with the family will include all of the following:

(1) Identify any family conditions or dynamics that may pose a personal safety threat. If threats are identified, discuss strategies for managing personal safety with supervisor before meeting arrangements with family are finalized.

(2) Determine if the meeting will be at the family home, the office, or a neutral setting.

(3) Determine if there might be a day of the week and time of day that would best allow the parents to focus on the meeting.

(4) When there is an adult involved in the household who is responsible for domestic violence, determine how to ensure a separate meeting with the other spouse or partner so that the interview is not compromised.

e. The case manager will identify professional records that should be obtained or interviews conducted with persons/professionals formerly involved with the parent/legal guardian to further understand what is known, and what additional information needs to be learned as to:

(1) Past interventions associated with domestic violence.

(a) Has the caregiver been a perpetrator or survivor of coercive control and/or battering?

(b) If a perpetrator, what is the behavior and is escalating in frequency or severity? What interventions have been used in the past and were they effective?

(c) If a survivor, what actions did survivor take to ensure safety for self and child(ren)?

(d) How is the daily functioning of survivor impacted by perpetrator's behavior(s)?

(e) How is providing care and protection for child(ren) impacted by perpetrator's behavior(s)?

(f) Has the survivor and perpetrator received any services in the past? If so, what were the services intended to assist with?

(2) Past treatment for mental health or substance abuse.

(a) What is parent/legal guardian's diagnosis?

(b) What are symptoms of their condition?

(c) How daily functioning is impacted?

(d) How is providing care and protection for child impacted?

(e) What treatment has worked successfully to manage the condition?

(3) Past treatment or interventions for child with special needs.

(a) What is child's condition?

(b) How does it impact child's daily functioning?

(c) How does it impact care of child?

(d) What interventions have worked successfully to manage the condition?

1-4. Supervisor Consultation. During the preparation phase, the case manager should consider seeking a case consultation for any of the following issues based upon case dynamics:

a. Facilitate discussion as to what is already known and what additional information gathering is necessary to reconcile or fill gaps.

b. Affirm the case manager's planned approach to engaging the family including any supports that may be needed.

c. Safety management concerns.

1-5. FSFN Documentation. The case manager will complete FSFN documentation as follows:

a. Any collateral interviews conducted to learn more about family conditions and/or needs will be documented in case notes by the case manager within 2 business days of the contact or call.

b. Any past evaluations, treatment notes and/or discharge summaries requested and/or received by the case manager will be documented in FSFN in accordance with confidentiality provisions in CFOP 170-1, Child Welfare Practice Model, [Chapter 13](#).

c. Using case notes as a means to record time spent reviewing case history is an optional best practice.

