

Practice Guide for Caseworkers

Case Planning

MITEAM COMPETENCY

Case planning is a cooperative effort in which the caseworker, in partnership with the parents, children and other team members, develops a road map for moving a child to permanence promptly (as required) while at the same time addressing the child’s safety and well-being needs. Effective assessments drive the case planning process.

FIDELITY MEASURES

Observation:

- Acknowledges his/her authority and the disproportionate amount of power in the relationship.
- Prepares the family team members (informal and formal) for participation on the team.
- Facilitates teaming.
- Accesses skilled team members (informal and formal) to serve family’s goal.
- Asks the individual(s) what the team member(s) have done to provide support.
- Evaluates strengths.
- Evaluates needs.
- Asks the individual(s) about events experienced by primary/key family members that are potentially traumatic.
- Requests individual(s) input regarding the effectiveness of services.
- Asks the individual(s) how s/he can be of assistance to the family.
- Inquires about the individual(s)’s perspective on the child(ren)/youth’s safety (both physical and psychological).
- Inquires about the individual(s)’s perspective on the child(ren)/youth’s well-being (both physical and psychological).
- When developing or adjusting the plan, asks for team members’ input.
- If a safety plan was created, both proactive and reactive steps were incorporated.
- Asks individual(s) their perspective on the parent’s ability to keep the child(ren)/youth safe.
- If child(ren)/youth is not residing with custodial parent: Asks individual(s) their perspective on the caregiver’s ability to keep the child(ren)/youth safe.
- If child(ren)/youth is not residing with custodial parent: Inquires about the caregiver’s perspective on the impact of traumatic events on the child.
- Inquires about the individual(s) perspective on the safety of all family/household members (both physical and psychological).

Documentation:

- A team that provides support to the child(ren)/youth and family has been formed. The worker prepares the family team members for participation on the team.
- The family’s suggestions and comments are documented in the case file.
- The team member’s suggestions and comments are documented in the case file.
- Documentation indicates the worker maintained contact with the family and support persons between in-person meetings.
- The family’s team meets within the required timeframes (FOM 722-6B).
- There is evidence in the documentation that the team implements specific safety activities to address safety concerns of the child(ren)/youth.
- There is evidence in the documentation that the team addresses specific permanency plans.
- There is evidence in the documentation that the team addresses specific issues of well-being for the child(ren)/youth.

	<ul style="list-style-type: none"> • The parent’s ability to keep the child(ren)/youth safe was documented. • The impact of trauma and resiliency on parent’s ability to keep child(ren)/youth safe was documented. • The plan builds resiliency. • Plans are written in a behaviorally specific manner. • If a safety plan was created, it was written to include both proactive and reactive measures. • The team regularly reviewed the plan. • The (re)assessment of progress was written in a behaviorally specific manner. • There is evidence in the documentation that service providers were provided with clear and specific service needs for the family. <p>Interview:</p> <ul style="list-style-type: none"> • The individual(s) reports being satisfied with services offered and/or referred. • The individual(s) described specific examples of the worker acknowledging his/her success (however large or small). • The individual(s) described specific examples where his/her input was utilized in decision making. • The individual reports the worker includes informal resources as support. <p>In Supervision:</p> <ul style="list-style-type: none"> • The worker was able to identify: <ul style="list-style-type: none"> ○ What is most important to the individual/family. ○ How trauma is addressed in the case plan. ○ How the parent participates in the process of change. ○ How successes are acknowledged (however large or small). ○ How case has progressed and what to expect in next 90 days. ○ What progress has been made so the family’s team is taking ownership of the case planning process and fully participating in the shared decision-making. ○ How he/she educates the family about the importance of teaming. ○ How committed the family’s team is to supporting the family plan.
<p>POLICY REQUIREMENTS</p>	<ul style="list-style-type: none"> • Casework service requires the engagement of the parent in the development of the case plan. • Developing the case plan with parental involvement means making an attempt or effort to identify and locate absent parent/legal caregiver or putative fathers. • Parents must be encouraged to actively participate in developing the Parent Agency Treatment Plan and Service Agreement. • With parental input, develop a strength-based Service Agreement which focuses on the issues identified on the risk and needs and strengths assessments. • Help caregivers assess and be responsive to the needs of their children and youth. • Help parents identify goals, reduce risk to their child and help them provide adequate care for their child. • For American Indian children the worker must collaborate with a child's tribe within three days upon assignment of a CPS complaint for investigation or any case opening for children’s services involving an American Indian child. The child's tribe will define the required “active efforts” for the department.
<p>HOW TO USE YOUR SUPERVISOR</p>	<ul style="list-style-type: none"> • Schedule, prepare and actively participate in regular case conferences with your supervisor to discuss: <ul style="list-style-type: none"> ○ Information from the FANS and CANS assessments, information in the case plan and other information gathered about the family with supervisor and how the information can inform the development of the case plan. ○ What has been completed, the outcome of that effort, pending activities and possible next steps to support the case planning process. ○ How to address specific barriers to involving the family in the case planning process and to verify that the plan is individualized to the family’s specific strengths, needs and trauma needs of the family. ○ Whether separate case plans are needed for safety purposes.

KEY CASEWORKER ACTIVITIES	WHERE IN THE LIFE OF THE CASE	PRACTICE GUIDANCE TECHNIQUES
<p>KCA 10</p> <p>CASE PLANNING</p> <p><i>Involve parents and other team members in the case planning process with a long-term view toward safety and permanency.</i></p>	<ul style="list-style-type: none"> • Within first 30 days of placement. • Every 90 days after initial case opening. 	<ul style="list-style-type: none"> • Conduct diligent searches for extended family and parents who should participate in case plan and goal development. • Coordinate support needed to ensure family participation in case planning (e.g. transportation, flexible schedule, child care). • Include age/developmentally appropriate children in the planning process. • Utilize pre-meeting discussions to prepare family members to participate in case planning. • Encourage family members to identify their strengths, needs, types of services and service provider preferences that will promote safety, permanency and well-being. • Assess the effectiveness of services/case plan to create conditions that will support safety and permanency jointly with family team members and make necessary case plan revisions to support progress toward goals. • Involve family team members in determining the need to change case plan goal. • Develop, write and monitor a safety plan. See DPG develop write safety plan. • Develop, write and monitor a case plan. See DPG develop write monitor case plan.
<p>KCA 11</p> <p>CASE PLANNING</p> <p><i>Link services to individual strengths, potential traumatic stress and specific needs of each relevant family member to the identified permanency goal or goals.</i></p>	<ul style="list-style-type: none"> • Assessment. • Prior to developing case plan. • Caseworker visits and FTMs. • When family's situation changes. 	<ul style="list-style-type: none"> • Describe the conditions that must be created in the identified permanency resource in order to support achievement of the permanency goal and the skills/capacities needed by caregivers to create these conditions. Identify the services needed to support development of the capacities and conditions needed to safely parent. • Identify relevant cultural, tribal, background issues to be considered in mobilizing and structuring services. • Assess the strengths, needs and capacity of the caregivers to safely parent and align services to support needed skill development. • Continuously re-evaluate permanency goal, conditions needed to achieve permanency goal, caregiver capacity to create these conditions, and services to support needed skill development and ensure their alignment. • Use caseworker visits, family team meetings and other case planning meetings and activities to identify individual strengths and needs of children and families. • Match services to strengths and needs. • Review and use information from the parents, extended family members, assessment tools, historical case records, and reports from providers to inform the case planning process. • Review independent living needs to identify and match individual services. • Identify and address needs of all relevant family members, including non-custodial parents and children who are not the subject of maltreatment reports, in addition to target children and custodial parents. • Help the family identify needed services. See DPG help family ID services. • Identify services in collaboration with child and parent that will best meet identified needs. • Use re-assessments to re-evaluate strengths and needs of family members, based on changing circumstances, progress in achieving goals, emerging issues.

<p>KCA 12</p> <p>CASE PLANNING</p> <p><i>Develop plans that have behaviorally specific and achievable goals and action steps.</i></p>	<ul style="list-style-type: none"> • Within first 30 days of placement. • Every 90 days after initial case opening. 	<ul style="list-style-type: none"> • Use information from the FANS and CANS assessments and other information gathered about the family to develop the case plan. • Ensure the desired outcome is a description of the change in behavior, which must be accomplished to assure the safety, permanency and well-being of the child. • Include clear descriptions of the goals, objectives and action steps/activities in the case plan. • Ensure objectives consist of a series of small steps needed to resolve the problems, which led to child maltreatment and departmental involvement. • Develop action steps to specify tasks that parents, service providers and caseworkers must do. • Include specific activities and behaviors to be assessed as part of the parenting time plan for all parents/caregivers including the non-custodial parents. • Identify how past trauma is being addressed for the parents and child. • Identify each goal and objective for the parent/child/youth, specific action steps/activities, time frame for achieving and expected outcome, including the discipline and child handling techniques, supervision of child, and activities to promote educational stability and success.
<p>KCA 13</p> <p>CASE PLANNING</p> <p><i>Use visits with the child and parent to make progress on goals and action steps.</i></p>	<ul style="list-style-type: none"> • Caseworker visits. 	<ul style="list-style-type: none"> • Conduct visits with family members at required (or more) intervals to support goals.¹ • Visit privately with children to create a safe environment for them to share sensitive information regarding their needs and circumstances. • Discuss how the child's trauma may be exhibited through behaviors and emotions with foster parents and strategies for meeting needs.
<p>KCA 14</p> <p>CASE PLANNING</p> <p><i>Track progress on case plan implementation and adjust as needed.</i></p>	<ul style="list-style-type: none"> • Reassessment. • Case plan reviews. • Caseworker visits. • Case plan monitoring. • FTMs. 	<ul style="list-style-type: none"> • Meet with the parent and child at required intervals or more frequently if necessary to support goals and determine if they are participating in the service(s) identified in the plan and if they feel the services are assisting them in making behavioral changes. • Review case plans at least quarterly for ongoing appropriateness of permanency goals outcomes, activities/steps and timeframes. • Develop case plans during FTMs, not in advance. • Review re-assessments, service reports and information from family team members to determine whether permanency goal and case plan modifications are warranted. • Have frequent contact with service providers to ensure individualized service delivery/ expected progress and identify needs for changes in services or method of delivery. • Convene FTMs to make needed changes to case plans in order to reflect individual strengths and needs and progress to goals. • Evaluate with family, caregivers, and service providers continuing responsiveness and relevance of current services, their effectiveness to achieve permanency goals.

¹ In domestic violence cases, every effort should be made to continue to meet with the perpetrator, even if he/she no longer resides in the home, especially if he/she is having regular visitation with the children.