Chapter 1

INTRODUCTION TO FLORIDA’S CHILD WELFARE SYSTEM AND PRACTICE MODEL

1-1. Purpose. The mission of the Department of Children and Families is to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency (s. 20.19, Florida Statutes). The child welfare system is designed to respond to citizen concerns about children who may be victims of abuse, neglect or abandonment; determine whether children are safe, unsafe or at risk; and provide the appropriate interventions to achieve safety, permanency and well-being. The child welfare system involves many professionals: staff who work directly for the department, sheriff’s organizations who have agreements with the department to provide child protection investigations, Attorney General’s Office, State Attorney’s Office, employees of the department, Community Based Care Lead Agencies, Case Management Organizations or Licensed Child Care Placement agencies. All providers in the child welfare system operate under a uniform set of core procedures that are designed to ensure that families and children receive protection and treatment in a manner that is trauma-informed and least-intrusive.

1-2. Authority.

a. Section 409.1451, Florida Statutes (F.S.), the Road-to-Independence Program.

b. Section 409.175, F.S., Licensure of family foster homes, residential child-caring agencies, and child-placing agencies; public records exemption.


d. Titles II, IV, XVI, XIX and XX, Social Security Act, as amended.

e. 45 Code of Federal Regulations (CFR), Parts 1355 through 1357; 45 CFR, Part 233.110; and 45 CFR, Part 435.118.

f. State Plans for Title IV-E, Temporary Assistance for Needy Families, Medicaid and Title IV-D.


1-4. System Outcomes. Florida’s child welfare professionals seek to achieve the following outcomes for children:


b. Permanency. Florida’s children enjoy long-term, secure relationships within strong families and communities.

c. Well-Being. Florida’s children are physically and emotionally healthy, and socially competent. Florida’s family’s nurture, protect and meet the needs of their children, and are well integrated into their communities.
1-5. **Florida’s Child Welfare Practice Model.** The practice model provides a set of common core safety concepts for determining when children are safe, unsafe, or at risk of subsequent harm and how to engage caregivers in achieving change. Florida’s practice model includes the expectation that when children are safe but at high or very high risk for future maltreatment, affirmative outreach and efforts will be provided to engage families in family support services designed to prevent future maltreatment. When children are determined to be unsafe, safety management and case planning is non-negotiable. While service interventions are voluntary for children determined to be safe but at high or very high risk of future maltreatment, the child welfare professional should diligently strive to use motivational interviewing skills to facilitate the parent(s)/legal guardian(s)’ understanding of the need for taking action in the present to protect their children from future harm. To accomplish effective application of the safety concepts, seven professional practices are employed: Engage, Partner, Collect Information, Assess and Understand Information, Plan for Child Safety, Plan for Family Change, and Monitor and Adapt Case Plans.

a. **Engage.** The family is the primary point of communication, involvement and decision making. CFOP 170-5, Child Protective Investigations, and CFOP 170-9, Family Assessment and Case Planning, provide uniform processes that enhance the ability of Child Protection Investigators and Case Managers to engage with the family and those who know the family. Engagement:

1. Provides parent(s)/legal guardian(s) with information that empowers them.

2. Seeks to build partnership with the parent(s)/legal guardian(s) and their resource network to collect sufficient information to complete the family assessment and develop safety plans.

3. Is essential to co-construction of the Case Plan, which includes goals for what must change, related to enhancing Caregiver Protective Capacities and the identification of treatment services.

4. Supports the family to undertake and maintain the needed change(s).

b. **Partner.** Partnering occurs throughout the time a child welfare professional works with the family. Child welfare professionals partner with the family, the family’s network, other professionals and community partners to achieve understanding of family dynamics and develop safety decisions and actions, including safety planning and management, case planning and assessment of family progress. The partnering process promotes commitment and accountability of the family and all team members toward common goals for the family.

c. **Collect Information.** Sufficient, relevant information-gathering is the most essential ingredient for effective decision-making. Information is gathered through the information standards, referred to as the Six Information Domains, which include what must be known about children and caregivers to inform effective decision-making.

1. These Six Information Domains described in the Family Functioning Assessment. The Six Information Domains are: maltreatment; circumstances surrounding maltreatment; child functioning; adult functioning; general parenting; and parental discipline.

2. Through the collection of this information, the child welfare professional creates an assessment of family functioning and conditions.

3. The assessment describes the presence or absence of danger threats to child safety, the vulnerability of children, caregiver protective capacities, the sufficiency of safety plans and progress in achieving case plan outcomes.
(4) Information collection begins at the Florida Abuse Hotline and continues during the investigation and throughout ongoing case management services for children who have been determined to be unsafe.

d. **Assess and Understand Information.**

   (1) Immediate circumstances and information already known about family conditions are assessed to accurately identify children in present danger.

   (2) Relevant, sufficient information is gathered, assessed and analyzed to complete the family functioning assessment of the children and the actuarial risk assessment of future harm.

      (a) Sufficient information about family conditions is gathered to assess whether a child is safe or in impending danger.

      (b) When information clearly supports that the parent(s)/legal guardian(s) or other person with significant caregiver responsibility has sufficient caregiver protective capacities to care for and protect the child despite family conditions, the child is determined to be safe.

e. **Plan for Child Safety.**

   (1) There are two times when safety planning is needed

      (a) When a child is found to be in present danger, a Present Danger Plan is put in place to control present danger threats and to allow time for sufficient and relevant information collection through the Family Functioning Assessment process.

      (b) When an investigator concludes at the end of the Family Functioning Assessment that a child is unsafe an Impending Danger Safety Plan is developed.

   (2) Developing a sufficient Impending Danger Safety Plan to control and manage impending danger that is the least intrusive is completed based upon an In-Home Safety Planning Analysis.

   (3) Safety plans are managed throughout the life of the case. During the investigation the investigator is responsible for managing the safety plan. When a case is transferred from investigations to ongoing case management, the Lead Agency/CBC becomes responsible for the management of the Impending Danger Safety Plan.


f. **Plan for Family Change.** Information gathered through the Family Functioning Assessment-Ongoing results in the development of case plan outcomes related to what behavior(s) or condition(s) must change to keep a child safe.

   (1) The Case Plan includes specific, measurable, attainable, reasonable and timely outcomes that are developed jointly with the family.

   (2) The family is assisted in identifying the services and supports necessary to achieve each outcome.
g. **Monitor and Adapt Case Plans.** The Ongoing Family Functioning Progress Update is a formal and ongoing intervention that occurs on a regular basis following the development of the family’s Case Plan.

(1) Monitoring case plans follows a standardized approach to measuring progress related to:

(a) Changes in caregiver protective capacities;
(b) Changes in child needs;
(c) Safety plan sufficiency; and,
(d) Motivational readiness to change.

(2) Case plans are adapted as progress is made to further promote change.

(3) Caregiver progress is assessed and documented in the Six Information Domains.

1-6. **Case Flow.** Family-centered practice skills should be utilized for all actions and decisions during the life of the case to ensure that we correctly identify an unsafe child and remediate the family conditions in the child’s family causing the danger for the child. The following is a high level summary of case flow.

a. The Hotline counselor will gather information in the information domains in order to:

(1) Determine whether to screen-in a report and if so, what type of intake it will be.
(2) Establish response times.

b. The investigator will complete a Present Danger Assessment and if there is present danger, will develop and implement a safety plan.

c. The investigator will conduct a FFA-Investigation and determine one of the following outcomes:

(1) A child is unsafe and in need of protection and intervention.
(2) A child is safe, however has a risk score of “Very High” or “High” and would benefit from family support services.
(3) A child is safe and has a risk score of low or moderate; and in some situations the family might benefit from referrals to community resources.

d. Upon completion of the FFA-Investigation the investigator will complete the following activities.

(1) When a child is unsafe:

(a) The investigator will complete the in-home safety analysis to determine whether an in-home safety plan is appropriate.
(b) The investigator will establish Conditions for Return (reunification) if an out-of-home safety plan has been developed.
(c) The investigator will transfer the case to the Lead Agency for Community Based Care (CBC) responsible for ongoing safety plan management and case management.

(2) The investigator will refer a case for family support services when the child(ren) has been determined to be safe but at “Very High” or “High” risk of future maltreatment.

e. The case manager will use the assessment information presented in the FFA-Investigation as a starting point for further assessing the underlying family conditions related to impending danger and caregiver protective capacities. The case manager will collect additional information to complete a Family Functioning Assessment-Ongoing (FFA-Ongoing) which will include:

(1) Scaling caregiver protective capacities.

(2) Scaling child strengths and needs.

(3) Developing a danger statement.

(4) Identifying family goal(s), resources, and potential barriers.

(5) Providing information related to the parent(s)/legal guardian(s)’ motivation to change.

(6) Using the FFA-Ongoing to identify the specific diminished or absent caregiver protective capacities and child needs that will guide the development of case plan goals and outcomes.

f. The case manager will co-construct case plan outcomes with families to the extent that the parents or legal guardians are available, willing and able. Outcomes should reflect the family’s current stage of change in order to best ensure that reasonable efforts are made to assist families with achieving change.

(1) The case plan will identify the actions, activities, tasks and resources, both informal and professional, which are intended to address diminished caregiver protective capacities and child needs. Service provision may be provided when children are in-home or out-of-home.

(2) To ensure permanency for children in out-of-home care, the achievement of change must occur within the timeframes established in Chapter 39, Florida Statutes.

(3) The case manager will continue to assess the child and family to update the information domains, caregiver protective capacities and child needs. The case manager will complete regular Progress Updates that use standardized criteria for measuring family change and progress.

(4) The case will be terminated when the parent(s)/legal guardian(s) have achieved sufficient change in caregiver protective capacities so that a safety plan is no longer required, or when a child has achieved permanency.

g. Supervisors will provide supervision and coaching of staff that models mastery of the department’s core tenets and core competencies through their supervisory activities in the office as well as through field activities with children and families. Supervisors will have the ability to observe and assess the performance of child welfare professionals to:

(1) Treat staff, children and their families and others with respect, dignity and fairness at all times regardless of position, assignment, training or circumstance;

(2) Effectively use engagement skills that include active listening;
(3) Understand the dynamics of a family within the context of family rules, traditions, history and culture;

(4) Effectively work with each family’s resistance as they move through the change process; and,

(5) Effectively develop and lead a team of professionals working in collaboration with each other and the family to share information and to plan, provide and evaluate family progress and interventions.

h. Supervisors will ensure that child welfare professionals exercise due diligence in gathering and assessing required information.

i. Supervisors will ensure that safety and risk are assessed with fidelity to core concepts and definitions.