

Module 1: Introduction to Child Protective Investigations



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Unit 1.1: Reviewing the Child Welfare Practice Model

Activity: Core Competencies

Activity: Core Competencies

Directions:

- List the competencies or skills you believe CPIs possess, how each is related to the practice model, how each is related to family-centered practice and your present competency level.
- Share your list with your group.
- Compose one list.
- Present to the rest of the class.

Activity Notes:

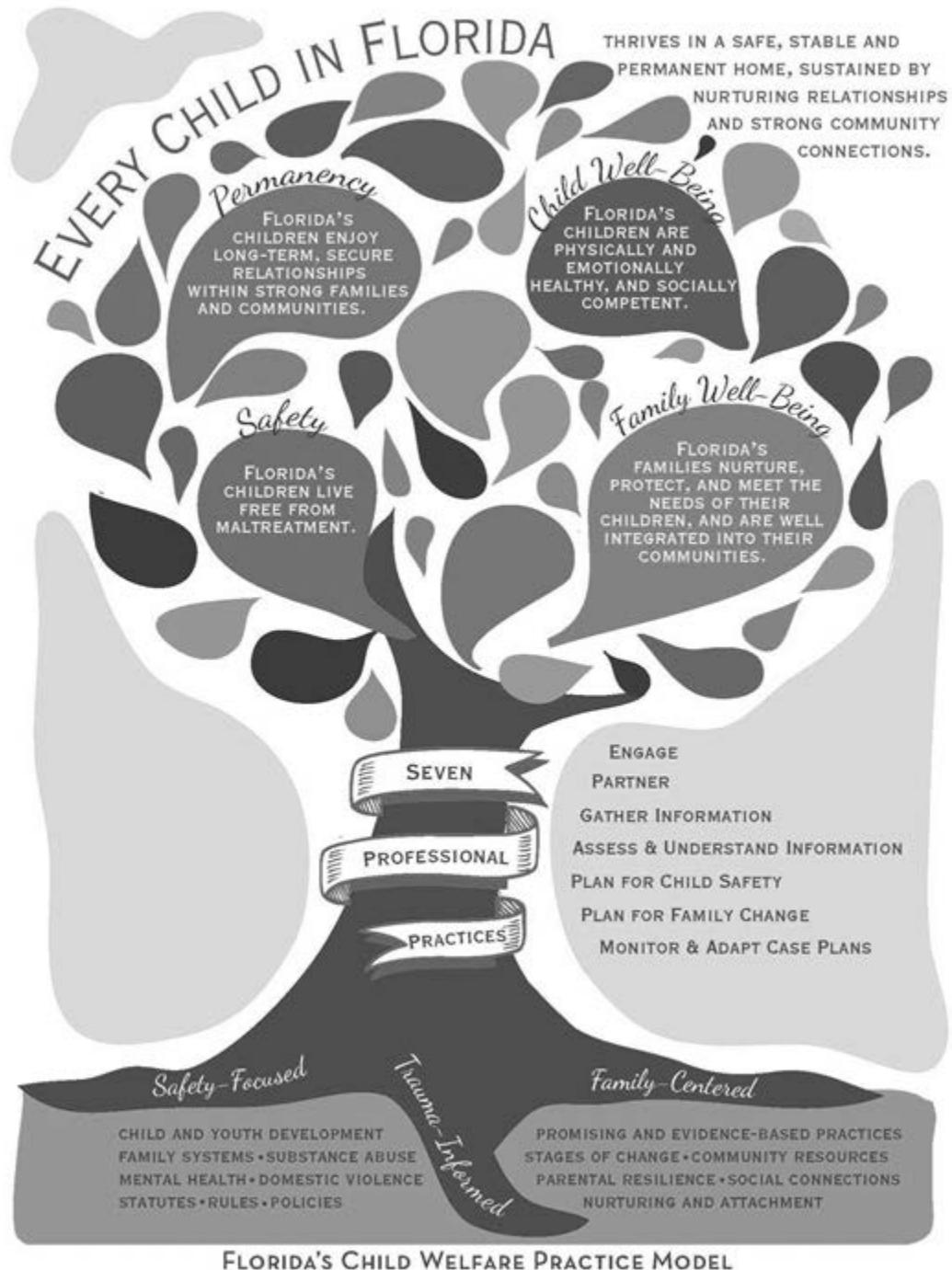
Competency/Skill	How is it related to the Child Welfare Practice Model	How is it related to Family Centered Practice?	1= Not Competent at all
Competency/Skill	How is it related to the Child Welfare Practice Model	How is it related to Family Centered Practice?	1= Not Competent at all
			2= Somewhat Competent
			3=Competent

Child Protective Investigations Process and Procedures

- Child protective investigations are much more than simply fact-finding and determining maltreatment findings.
- Most important tasks are assessing how the family is functioning and determining immediate and ongoing safety needs.
- You must be comfortable taking immediate protective actions and developing safety plans.
- You must use good judgment, engage families through interviews and observations, and formulate ideas and plans for interventions to ensure child safety.
- While the practice model is presented in a linear fashion, the reality is that you will be investigating or assessing until the case is closed.
- You are constantly gathering information and moving between domains, rather than looking at one domain at a time.
- You must use critical thinking through each step of the case from pre-commencement through investigation closure.
- All information gathered is directly related to the six domains of information collection that you learned in Core training.
- Authority to complete the work:
 - **Chapter 39, Florida Statutes**
 - ss.39.001 – 39.0141, Florida Statutes, General Provisions
 - ss.39.201 – 39.206, Florida Statutes, Reporting Child Abuse
 - ss.39.301 – 39.308, Florida Statutes, Protective Investigations
 - ss.39.395 – 39.4085, Florida Statutes, Taking Children into Custody and Shelter Hearings
 - **Rule 65C, Florida Administrative Code**
 - Rule 65C-13.034, Florida Administrative Code, Complaint Investigations and Foster Care Referrals
 - Rule 65C-28, Florida Administrative Code, Out-of-Home Care
 - Rule 65C-29, Florida Administrative Code, Protective Investigations
 - Rule 65C-30, Florida Administrative Code, General Child Welfare Provisions
 - Rule 65C-38.002, Florida Administrative Code, Child Abuse, Neglect and Abandonment Record Check

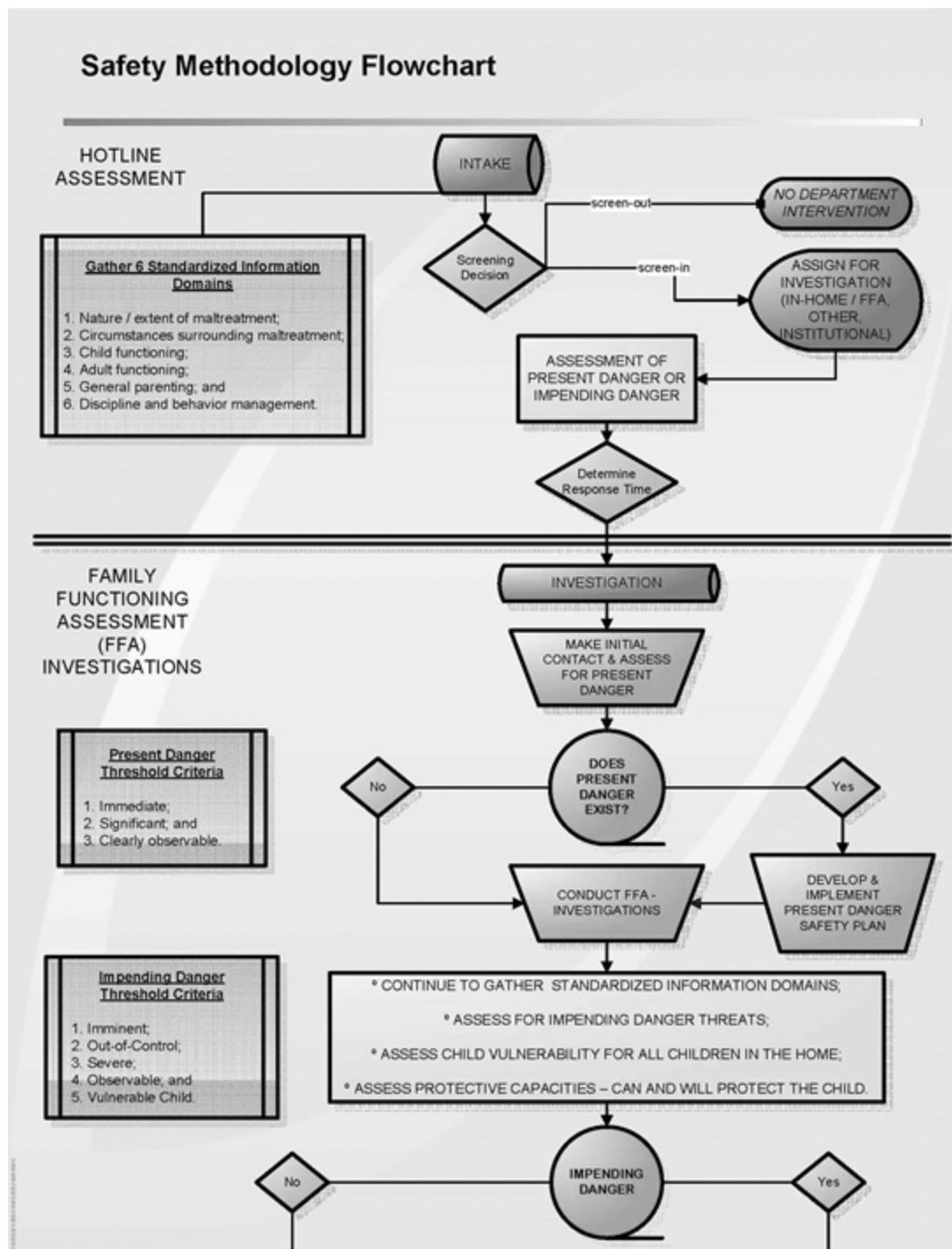
“Every Child in Florida Tree”

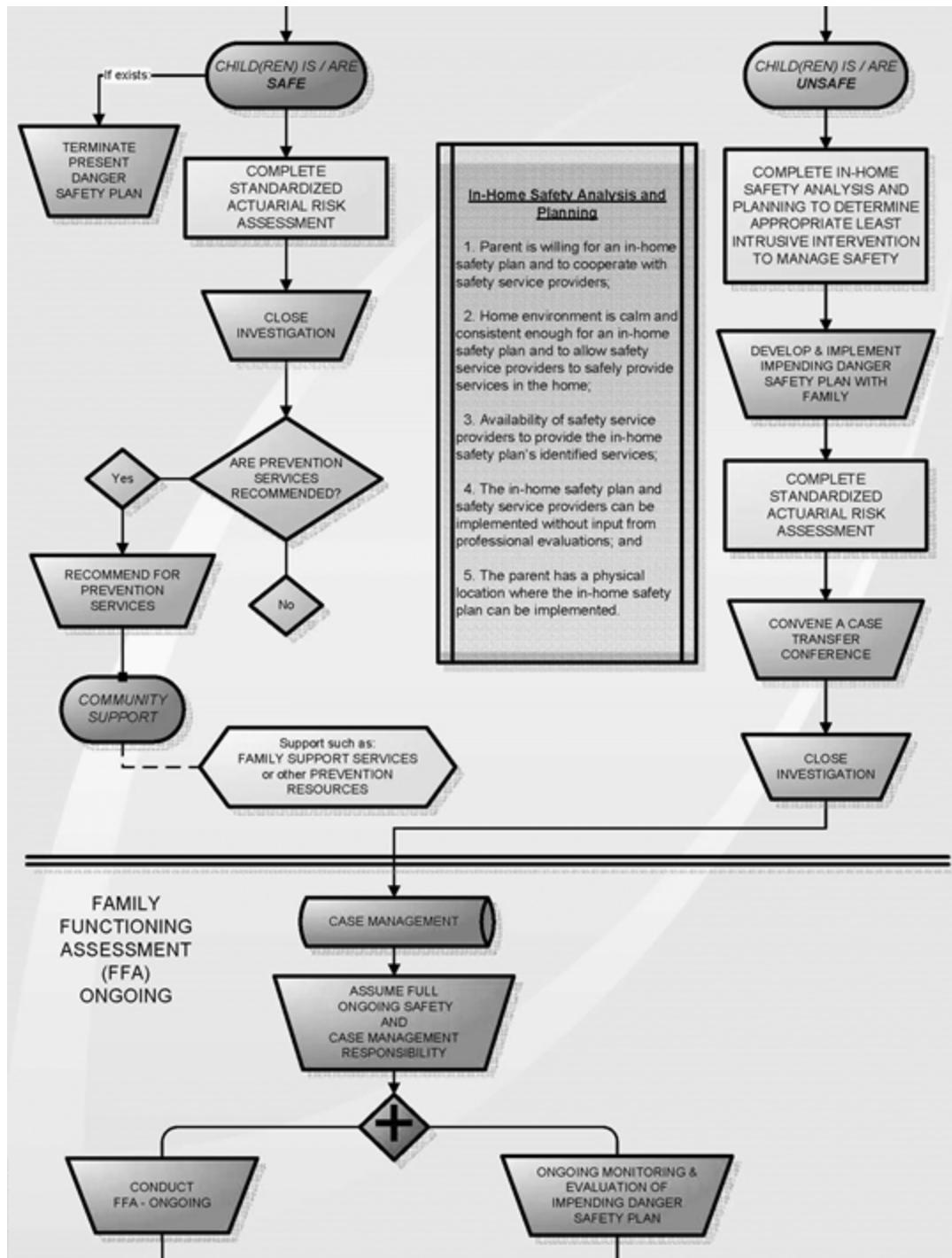
Florida's Child Welfare Practice Model

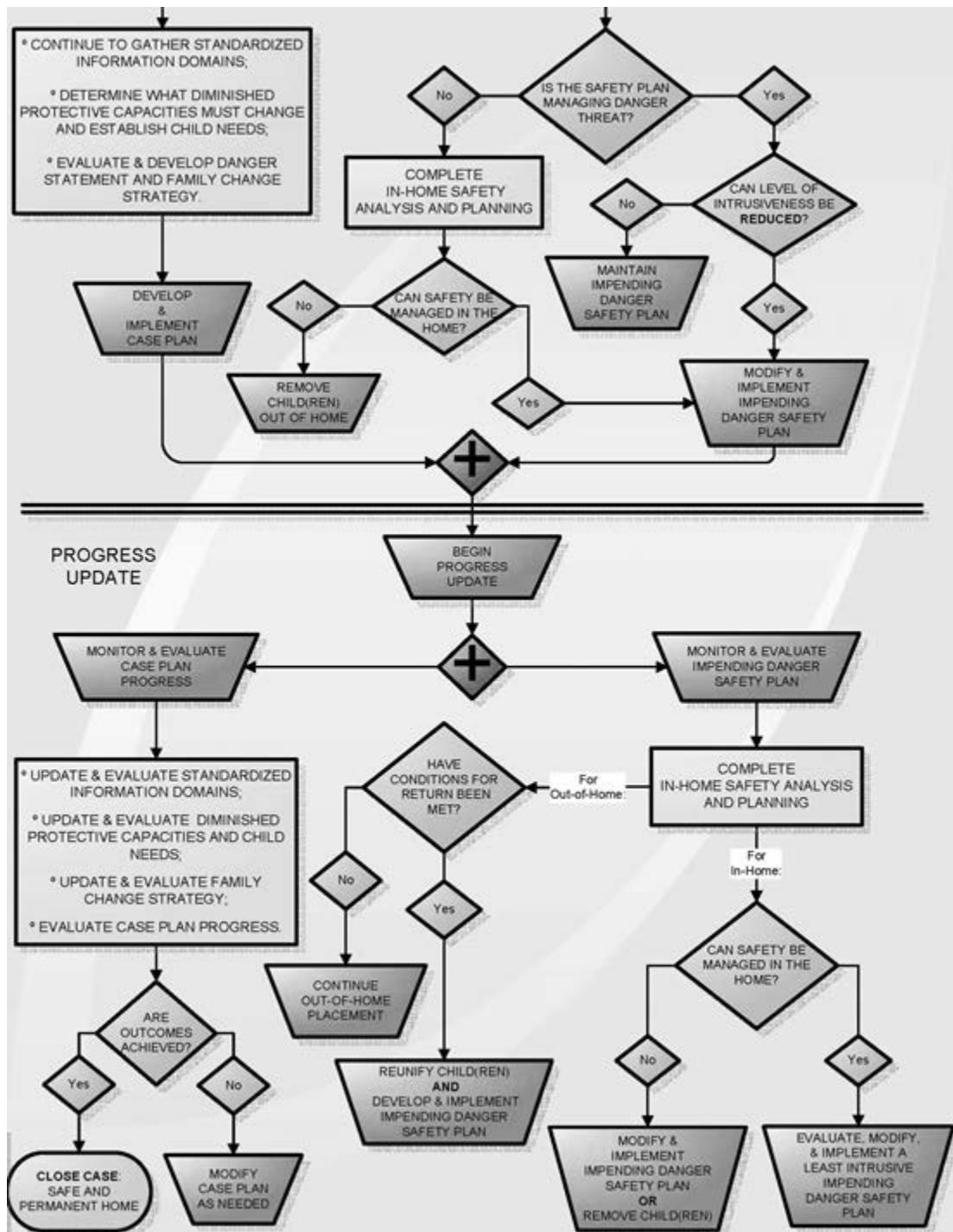


- The Child Welfare Practice Model puts a premium on planned, purposeful interventions that are a direct result of gathering sufficient information to adequately inform all safety determinations.
- The components foundational to the investigative process are:
 - Family-centered practice
 - Engagement
 - Teaming.
- The Model supports the need for focused, behaviorally specific safety plans with measurable objectives.
- The case flow process in Florida is prescribed but there is a fundamental process that families go through when involved in the child welfare system.
- Process:
 - Intake
 - Assessment (Present and Impending Danger)
 - Safety Plan Development (when required)
 - Safety Plan Evaluation/Monitoring
 - Case Closure

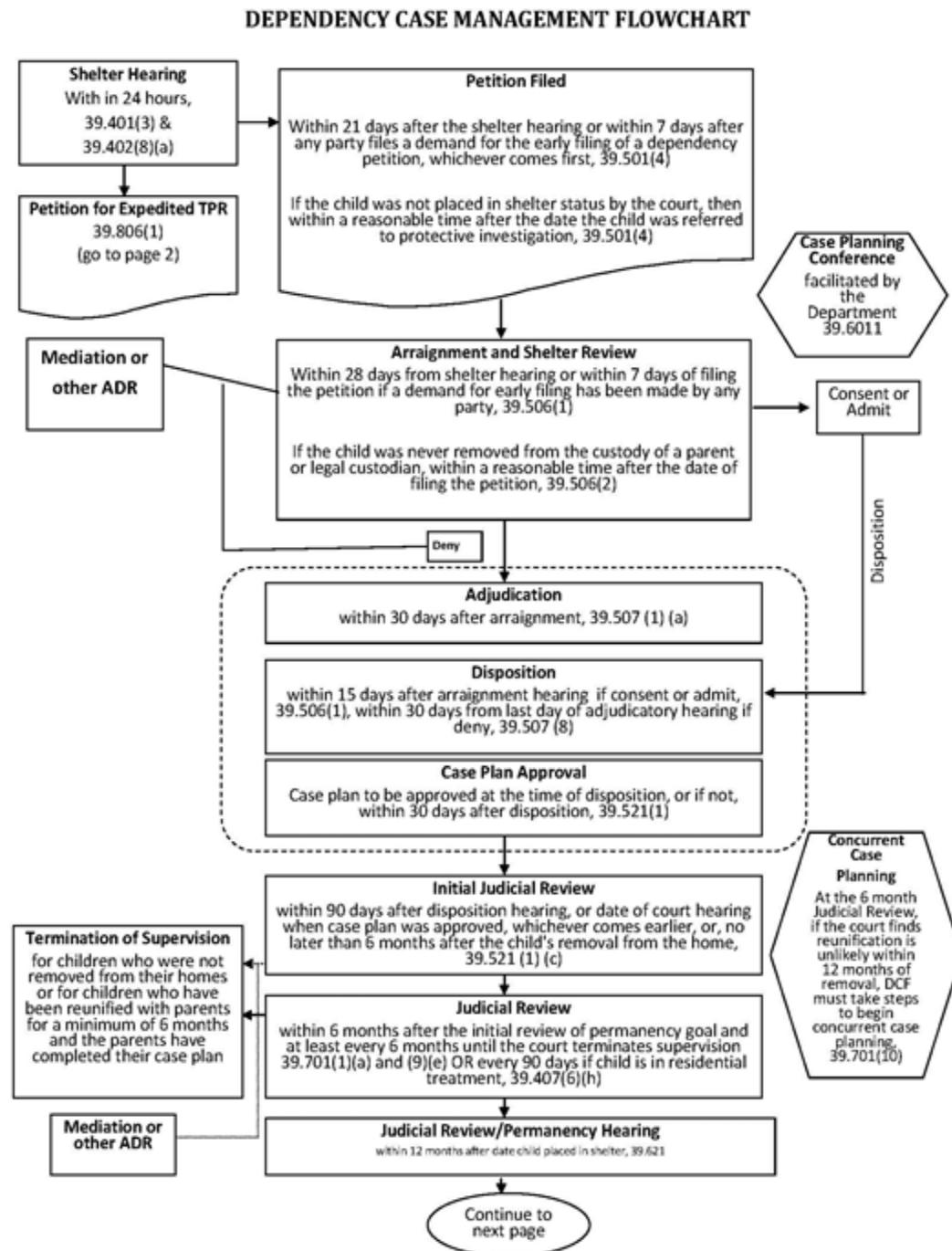
Safety Methodology Flowchart





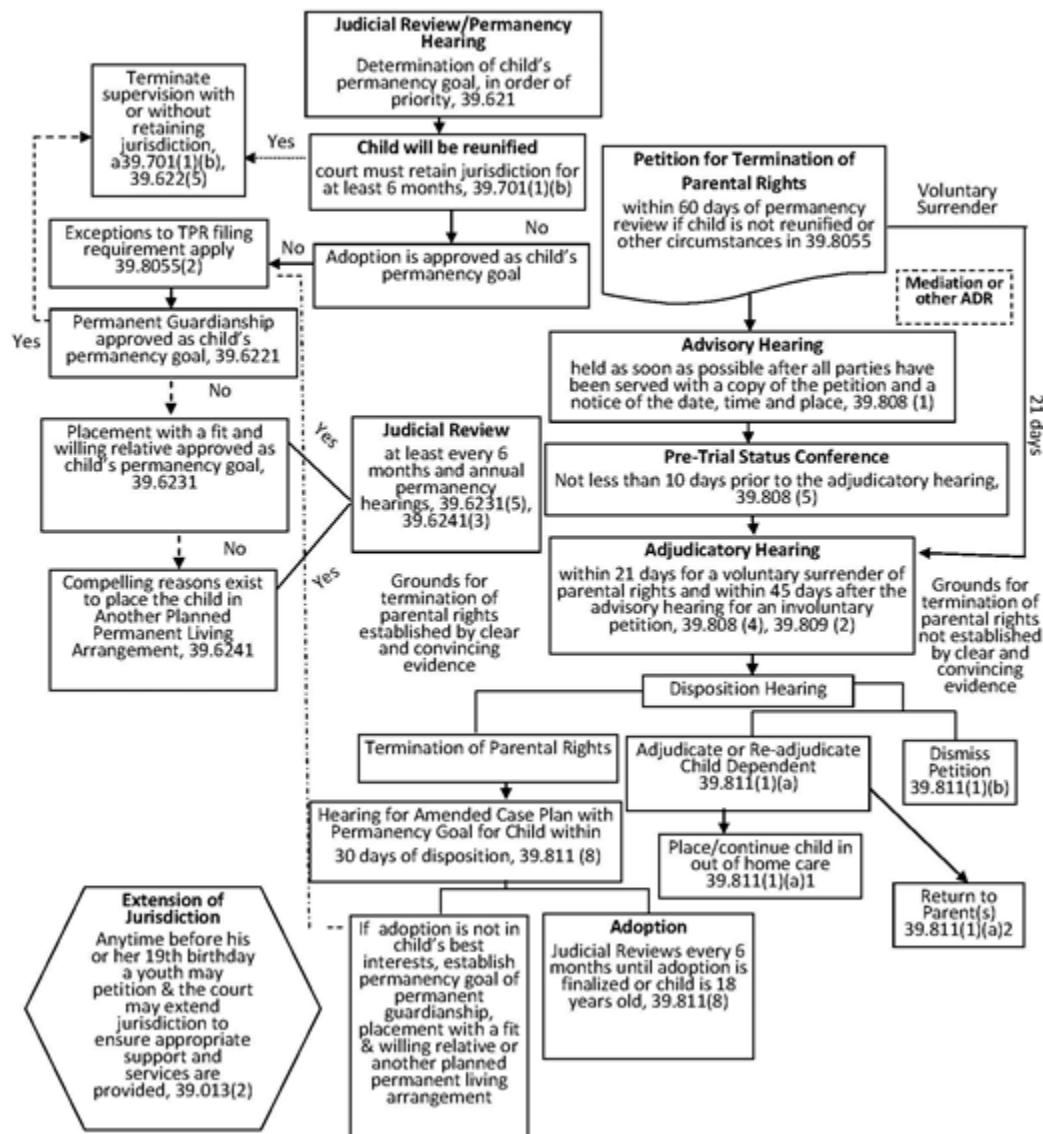


Dependency Case Management Flowchart



DEPENDENCY CASE MANAGEMENT FLOWCHART

(Continued)



Unit 1.2: Overview of the Child Protective Investigation Process

Activity: Focus of Your Family Functioning Assessment

Directions:

- Read the scenarios and determine how many FFA's should be created and who would be on each FFA.

1. Angie and Berta are sisters; both have two children under the age of five. They recently moved in together to share living costs and to assist each other with child rearing. A report is received stating that both Angie and Berta are regularly high on cocaine and allow the children to run the streets unsupervised.
 - a. How many FFA's should there be?
 - b. Who would be included in the FFA?
2. Shannon, her husband Sam, and their five year old child Sam Jr all resided together until Sam was arrested last month for burglary. He has been in the county jail since then with an unknown release date. Once released he is planning to return home with Shannon and Sam Jr. A report is received stating that there is domestic violence in the home between Shannon and Sam and during the last altercation six months ago Sam Jr. was hit as he was trying to stop his father from hitting his mother.
 - a. How many FFA's should there be?
 - b. Who should be included in your FFA?
3. Jolene lives in a home with her two teenage children Josiah and Josie. Her boyfriend of five years, Jimmie, resides at his mother's home as it is closer to his job. During the weekends and his days off he stays at Jolene's home. The children's father is not involved and they call

Jimmie dad. A report is received stating that the home is nasty and Jimmie smoked marijuana with Josiah last time he was at the home.

- a. How many FFA's should there be?
 - b. Who should be included in your FFA?
4. Justin and Mary divorced three years ago and share custody of their children. Although Mary has four children total, only two of these are Justin's. Justin is the primary caregiver of his children every other weekend. A report was received stating that Justin and Mary got into an altercation in the Chuck-E-Cheese Parking lot while exchanging the children. Justin hit Mary in the face and Mary retaliated by getting in her car and hitting Justin. Both Justin and Mary were arrested.
 - a. How many FFA's should there be?
 - b. Who should be included in the FFA?

Investigation Types

- “In-Home” investigations: intakes in which the child’s parent or legal guardian is the alleged maltreater.
 - The child victim may reside in the household on a full-or part-time basis.
 - If the child’s parents or legal guardians have established separate households through divorce or separation, only the household in which the abuse is alleged to have occurred is assessed for danger threats and family functioning.
 - The Hotline assigns an intake to the county where the child is currently located, but the focus of the Family Functioning Assessment is the household of the alleged maltreater.
 - An out-of-town inquiry (OTI) may be needed to have another county assist with the investigation.
- “Other” investigation subtype involves alleged abuse by a relative or adult babysitter who is temporarily entrusted with the child’s care. This includes allegations of human trafficking when the alleged perpetrator is not a legal caregiver.
 - Does not require a Family Functioning Assessment.
 - Your role is to determine the appropriate maltreatment findings and assess if the parent or legal guardian will take appropriate protective actions if the maltreatment is verified (i.e., change babysitters, not allow the relative to be in a caregiver role in the future, etc.).
 - Two instances during the “Other” investigation when you must contact the Abuse Hotline and generate an “In-Home” investigation:
 - When the child victim discloses abuse by the parent or legal guardian, or when other collateral sources allege a parent or legal guardian is also maltreating the child.
 - When you have reason to believe that the parent or legal guardian will not take sufficient protective actions to ensure the child’s safety, despite being fully informed of the danger threat(s) posed by the maltreater.
- “Institutional” investigations: alleged abuse by an “other person responsible for a child’s welfare” which occurs in settings such as schools, daycares, foster care, residential group care or facilities.
 - Do not involve completion of a Family Functioning Assessment.

Pre-Commencement Activities/Staffings

Activities completed prior to the initial contact in order to be well-informed and have a plan prior to making initial contact. The Hotline assessment or intake also attempts to assess the six domains.

- Prior DCF cases/investigations.
- Criminal history.
- Identifying collaterals.
- Consulting with your supervisor.
- Determining the need for interagency collaboration, such as Law Enforcement or substance abuse and mental health.
- Gathering the documents you need to take to the initial contact.
- Discussion of potential danger threats and present danger.
- Discussion of potential Safety Planning.

Present Danger Assessment and Family Functioning Assessment

- The Present Danger Assessment is the first assessment of the children's safety in their household.
 - Present Danger is assessed throughout the life of a case.
 - The Present Danger Assessment assists in determining whether immediate protective actions need to be put in place to protect the child(ren).
- The Family Functioning Assessment is the foundation of the Child Welfare Practice Model.
 - The FFA coupled with the 6 domains provide a systematic and structured mechanism for you to gather, assess and synthesize information.
 - Safety planning analysis serves to determine the level of intrusiveness of the impending danger safety plan.

Child Welfare Practice Model and Essential Knowledge and Family-Centered Skills

Child Welfare Practice Model and Essential Knowledge and Family-Centered Skills

Safety Methodology (What we need to know)	Essential Practice Skills (How we do the work)
<p>Assess Safety (Present and Impending Danger)</p> <ol style="list-style-type: none"> 1. What is the extent of the maltreatment? 2. What surrounding circumstances accompany the maltreatment? 3. How does the child function on a daily basis? 4. How does the caregiver function with respect to daily life management and general adaptation including substance use and mental health functioning? 5. What are the overall, pervasive general parenting practices used by the caregiver? 6. What are the disciplinary approaches and/or behavior management strategies and typical context used by the caregiver? 	<p>Engagement Skills</p> <ul style="list-style-type: none"> • Display sincere sense of caring, empathy and encouragement. • Use active listening skills to "hear" what family is saying. • Observe and interpret non-verbal behaviors to explore "positive intent" and purpose. • Elicit family competencies and solutions. • Encouragement, support and positive reinforcement. • Observe and respond appropriately to diffuse symptoms of resistance (behaviors that reflect passiveness, depression, denial, anger, anxiety). • Reframe causality from "Why did you do it?" to "How did this come about? And "What life experiences do you think brought you to this point?" (Trauma-informed) • Clearly convey safety concerns and non-negotiable actions to family. • Elicit family priorities and identify basic needs. • Enlist family members to participate in development of safety plan. • Assist family and extended family in creating alliances around child safety. • Identify and deliver on next actions offered to family.
<p>Develop, Implement, and Manage Safety Plans</p> <p>Prior to case transfer for supervision, safety management and case management, identify underlying conditions that must be addressed to achieve child safety over the long term.</p>	<p>Teaming Skills</p> <ul style="list-style-type: none"> • Engage immediate and extended family in assessment of family dynamics, participation in meetings and hearings. • Be aware of one's own prejudices and biases. • Identify family members who care about child(ren) and identify appropriate roles in safety planning. • Identify and utilize family resources. • Identify other professionals with necessary expertise to participate in assessment and interventions planning. • Facilitate involvement of family members in developing adequate, interim safety interventions and consensus when possible. • Utilize team meetings when necessary with family participation when appropriate to achieve understanding of family dynamics and develop actions, including safety planning and case planning.
<p>Manage transition of child and family to case management agency that will supervise and manage safety plan and address underlying conditions through case plan and case management.</p> <p>When there are no present or impending dangers but scored</p>	

risk level indicates high or very high probability of future verified maltreatment, encourage and guide families as to community resource options.

When reports are false (malicious intent), take appropriate actions to ensure law enforcement referral.

- Use facilitation skills to conduct family team meetings with other persons necessary.
- Ensure that family members and other professionals have clear roles and responsibilities.
- Promote commitment and accountability of family and team members to common safety plan and longer term goals.

Assessing/Understanding Skills

- Use keen observation and interviewing skills to assess congruence of verbal and non-verbal communication among family members.
- Learn how family culture influences safety considerations.
- Create emotional safety for children and adults to share their family experiences.
- Discern family communication and relationship patterns (for example, which speaks for whom? Who follows? What subjects can be explored? What subjects are taboos? Do parents display appropriate expectations and parenting behaviors? Do family members keep each other at a distance? What factors promote family stability? What purpose might the family problems or child symptoms serve?)
- Conduct screening using information ascertained during interviews, historical information, professional judgment (and other resources as necessary) for substance abuse, domestic violence and mental illness.
- Engage other expertise to understand the severity of substance abuse, domestic violence and/or mental illness and impacts on parent functioning and child safety.

Planning and Identification

- Identify and intervene promptly when children are not safe.
- Respond to concrete needs quickly.
- Identify and offer culturally appropriate options for intervention.
- Create clear expectations for family members and professionals who will be responsible for safety plan implementation.
- When child removal is necessary to achieve interim safety, establish safety benchmarks to indicate conditions necessary for parents to resume custody.
- Identify and address child needs for emotional safety when transitions to another person's care are necessary.
- When child removal occurs, identify child and family needs for family time based on child's age and needs.
- Establish case plan outcomes and goals in collaboration with the parent/caregiver.
- Establish case plan outcomes that clearly describe in positive

terms what the parent will be able to do differently in order to be protective.

- When child removal occurs, identify appropriate family care options and the family connections that should be sustained.
- Identify the underlying family needs that must be addressed over the long-term in the case plan in order for the family to achieve system independence.
- Identify and articulate child and family needs in specific behavioral terms, not as "services" needed.
- Develop clear, small and achievable steps and benchmarks to increase family's ability to succeed.

Tracking and Adapting

- Clarify specifically how accountability for all safety actions will be monitored, by whom, for how long, process for reporting challenges or changes, etc.
- Clarify specifically how progress evaluation of case plan outcomes will be achieved.
- Identify and implement adaptations quickly when needed based on child and family needs.
- Establish clear understanding as to on-going lead responsibility for safety when present danger identified and at conclusion of FFA where impending danger threats with diminished caregiver protective capacity to manage the threats require an ongoing safety plan and case management; establish clear understanding of safety management responsibilities at case transfer from protective investigator to case manager.

Response Times

- Hotline designates a report as either an immediate or 24-hour response time.
- Commencement clock begins at the point the Hotline Counselor makes a screening decision.
- Response times are tied to critical assessment of the immediacy and severity of the alleged danger threat.
- You cannot change a response time. Only your supervisor can downgrade or upgrade a response time.
- Immediate responses require that you attempt to make a face-to-face contact with the alleged victim as soon as possible but no later than 4-hours.
- A supervisor can downgrade an immediate response time to a twenty-four (24) hour response time only if additional information from either Law Enforcement or the reporter is received, during pre-commencement activities, that the child is no longer in imminent danger.
- A supervisor can also upgrade a 24-hour to an “immediate response” time or when, upon review of the report, the local unit has additional information on the family circumstances to warrant an upgraded response time priority.
- Response times are directly linked to your pre-commencement activities.
 - Consultations with your supervisor are imperative throughout the life of the case.

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- Documents your investigative activities and efforts.
- Documents chronological case information and activities performed and should reflect case activities and communication.
- Is a part of the quality assurance process in service delivery.

Unit 1.3: Family-Centered Practice and the Investigative Process

Family-Centered Practice

- Directly tied to the purpose of Chapter 39, F.S.
 - Most parents desire to be competent caregivers.
 - Children achieve their greatest potential when families are able to support and nurture their growth.

Activity: Family-Centered Practice Key Tenets

Directions:

- Utilize the table below to identify the key tenets of family-centered practice.

Family-Centered Practice Core Tenet	Barriers/Fear/Apprehension

Activity: Barriers and Fears

Directions:

- Utilize the table below to identify barriers, fears or apprehensions that you may have about being able to practice in a family-centered manner.

Family-Centered Practice Core Tenet	Barriers/Fear/Apprehension

What is Well-Being?

- The Federal Child and Family Services Reviews has identified seven outcomes for children and families involved in the child welfare system related to Safety, Permanency and Well-Being:
 - Safety
 - Children are, first and foremost, protected from abuse and neglect.
 - Children are safely maintained in their homes whenever possible and appropriate.
 - Permanency
 - Children have permanency and stability in their living situations.
 - The continuity of family relationships and connections is preserved for children.
 - Well-being
 - Families have enhanced capacity to provide for their children's needs.
 - Children receive appropriate services to meet their educational needs.
 - Children receive adequate services to meet their physical and mental health needs.

Activity: Safety, Permanency and Well-Being

Activity: Safety, Permanency, and Child Well-Being

Directions:

- Utilize the table below to identify family-centered strategies you could use to achieve each of the seven outcomes related to safety, permanency and well-being.

Activity Notes:

Outcome	Family-Centered Strategy
Children are, first and foremost, protected from abuse and neglect.	
Children are safely maintained in their homes whenever possible and appropriate.	
Children have permanency and stability in their living situations.	
The continuity of family relationships and connections is preserved for children.	
Families have enhanced capacity to provide for their children's needs.	
Children receive appropriate services to meet their educational needs.	
Children receive adequate services to meet their physical and mental health needs.	

Unit 1.4: Cultural Competence

Cultural Competence and Sensitivity

- People identify themselves in many ways because they belong to many different cultural groups or they identify with a specific group.
- A strong cultural identity can contribute to a person's overall well-being, sense of belonging and feelings of security.
- Cultural identity also provides access to social networks, which provide support, shared values and aspiration. These can help break down barriers and build a sense of trust between people. Excessively strong cultural identity can also contribute to barriers between groups.
- Sometimes, minority cultures feel excluded from society if the majority of those in authority obstruct or are intolerant of their cultural practices.

Stereotypes and Prejudice

- Stereotype
 - An exaggerated belief, image or distorted truth about a person or group of people.
 - Most often are negative, and are aimed at classifying people based on generalizations.
 - Typically do not allow individual differences between members of a group.
 - Can be positive; however, even positive stereotypes assume that members of a group will act according to the stereotype, which also limits individual variations.
- Prejudice
 - An opinion, pre-judgment or attitude about a group or its individual members.
 - Often times, the term "prejudice" is used interchangeably with the term "stereotype;" however, prejudice is rarely used in a positive way.
 - More often, it is looking down on a group because of its assumed behaviors, values, capabilities or attributes.
 - Prejudiced people use their stereotypes to make assumptions about a way a group will act, and then validate the stereotype by looking for behaviors that can support the stereotype.

- Bias
 - The tendency to move toward what is similar or like us and away from what is different
 - Is done willingly and unwillingly.
 - People often use stereotypes to develop their biases.
- As a CPI, you must be culturally sensitive and control your biases.
 - Each family must be seen through the lens of their own culture and may or may not adhere to a particular set of beliefs and practices that are like yours.