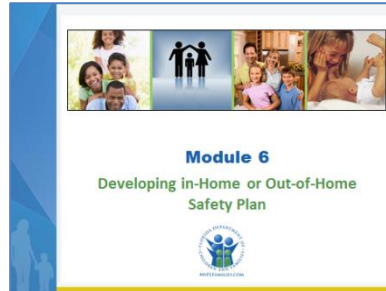


## **Module 6: Developing in-Home or Out-of-Home Safety Plan**



# Module 6: Developing in-Home or Out-of-Home Safety Plan

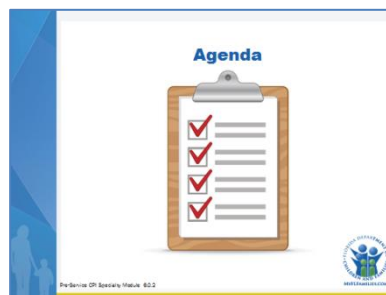
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Time: 12 hours

**Module Purpose:** The purpose of this module is for participants to understand how to develop in-home or out of home safety plans, how to analyze their effectiveness, and when to consult with Children’s Legal Services (CLS).

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## **Agenda:**

- Unit 6.1:** Managing for Safety
- Unit 6.2:** Documentation, Removal and Placement
- Unit 6.3:** Consulting with CLS

## **Materials:**

- Trainer’s Guide (TG)
- Participant’s Guide (PG) (Participants should bring their own.)
- PowerPoint slide deck

- Markers
- Flip chart paper

**Activities:**

**Unit 6.1:**

**Activity:** Case Scenario – TG: 9

**Activity:** Mock FFA – TG: 20

**Activity:** Safety Services – TG: 29

**Activity:** Case Scenario – Domestic Violence, Substance Abuse,  
Mental Health – TG: 43

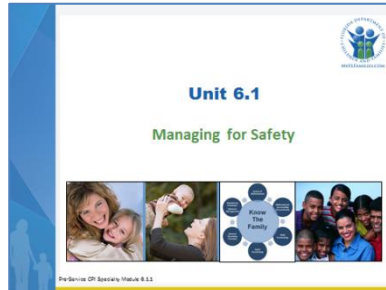
**Activity:** Case Scenario – TG: 53

**Unit 6.2:**

**Activity:** Remove or Not Remove? TG: 57

## Unit 6.1:

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**Time:** 6 hours

**Unit Overview:** The purpose of this unit is to understand the importance of utilizing appropriate impending danger safety plans to manage for safety in the least intrusive manner.

*Display Slide 6.1.2*



*Review the Learning Objectives with the participants.*



### **Learning Objectives:**

1. Review how to determine the most appropriate, least intrusive impending danger safety plan.
2. Explain the purpose and use of the information domains and the caregiver protective capacities in developing an impending danger safety plan.
3. Define safety services and describe the array of services available to families.
4. Describe the safety planning considerations that should be made with cases involving domestic violence, substance abuse and persistent mental health issues.

5. Explain the role of safety service providers during an impending danger safety plan and how they can be used to manage safety.
6. Describe the purpose of the safety planning conference.
7. Describe a safety management team and how safety service providers are identified.
8. Describe when to use court supervision when an in-home impending danger safety plan is implemented.
9. Describe when a child should be placed in the custody of the Department when an out-of-home impending danger safety plan is implemented and/or updated.
10. Given scenarios, evaluate each identified intervention to determine whether or not the in-home safety analysis and planning completed by the investigator provided the most appropriate and least intrusive intervention possible.
11. Complete a safety plan and document in FSFN.

*Display Slide 6.1.3 (PG: 4)*



We have spent a good deal of time talking about safety planning as it relates to information collection and the FFA. In this module you will hear some of the same information because it is critical that you always keep in mind that the practice model requires that you always consider the least intrusive/ least restrictive approach to case planning.

You are responsible for determining whether or not a child is safe or unsafe. Once you made the determination that a child is unsafe, the family will require full case management services and protective interventions. You are responsible for the initial safety determination. The information that you collect to determine child safety is the same information that will be used to inform the case manager's development of the Ongoing FFA, Case Plan, and FFA Progress Evaluation.

Let's talk about components of the FFS-Investigation that you are responsible for at this point in the investigative process:

- You are responsible for identifying the specific impending danger threats manifested in families that must be controlled and managed.
- You are responsible for assessing enhanced and diminished caregiver protective capacities.
- You are responsible for ensuring that the least intrusive response to controlling and managing impending danger involves the decision regarding whether a non-maltreating caregiver can protect a child.

The implication for you is clear your evaluation of a non-maltreating caregiver's capacity and willingness to protect the child must be highly rigorous and thorough. The same rigor that went into the identification of danger threats must also apply to the identification of enhanced or diminished caregiver protective capacities to ensure that the least intrusive safety plan is the right plan and not the most convenient plan.

Least intrusive safety management requires careful scrutiny by you, your supervisor and the Department. It means that a caregiver's word is insufficient; you can't safety plan around promises. Safety management is DCF's responsibility and at this point in the practice model, you are the representative for DCF. In other words you are the responsible party for ensuring safety and you must have a very high degree of confidence about the caregiver's intention and capacity.

At the point of initial contact, you want to immediately assess for any indication of present danger and respond accordingly with the development and implementation of a present danger safety plan, when present danger is identified.

The only assessment consideration you have during the completion of the PDA is the identification of present danger. You will recall that present danger threats are immediate, significant, and clearly observable family behavior or condition that is actively occurring and is already endangering or threatening to endanger a child.

Through information collection, you gather information around the six domains of information collection. When this information is sufficient and has been validated and reconciled, the information informs the identification of danger threats and a thorough assessment of caregiver protective capacities and child vulnerability. Once a child is deemed unsafe, we must then assess how intrusive the safety plan needs to be to sufficiently manage the danger threats and substitute for the diminish caregiver protective capacities in the home. Safety plans for unsafe children are non-negotiable.



### How do you determine the most appropriate, least intrusive impending danger safety plan?

**Trainer Note:** The correct response should include reference to the following: The Safety Analysis and Planning determination contained in the FFA requires the CPI to analyze the relationship between specific pieces of information for determining the degree of intrusiveness and the level of effort necessary for assuring that the safety plan will be reasonably effective in protecting a child in his/her home. The investigator must answer:

1. Is the parent or legal guardian willing to participate in the development and implementation of an in-home safety plan AND has the caregiver demonstrated that they will cooperate with all safety service providers identified in the plan?
2. Is the home environment calm and stable enough for an in-home safety plan to be implemented and for safety service providers to work with the family safely in the home?
3. Are safety services available at a sufficient level and to the degree necessary to manage all impending danger threats manifesting in the home?
4. Can an in-home plan and use of in-home safety services manage

impending danger without the results of scheduled professional evaluations?

5. Does the parent or legal guardian have an established domicile from which an in-home plan can be implemented?



### What are the three types of safety plans?

**Endorse:**

- In home plan
- Out of home
- Combination



### Who can tell me what my options are for an in-home safety plan?

**Endorse:**

1. A responsible adult moves into the home.
2. A responsible adult routinely monitors the home.
3. Either the alleged maltreater temporarily leaves the home or the non-maltreating parent will temporarily leave the home with the child/children.



### Who can tell me what non-negotiable means in relation to safety planning?

**Trainer Note:** Be sure that participants understand that that non-negotiables are just that and they must be willing to explain why an action is non-negotiable such as the father is not to be in the home because of his propensity for violence.





## Activity: Case Scenario

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### Materials:

- **PG: 5-6, Case Scenarios**
- **PG: 7-9, FFA**
- **PG: 10-11, Impending Danger Safety Plan**

### Trainer Instructions:

- Provide each participant at the table a different scenario from the participant guide.
- Have participants build out a mock FFA that reflects what has been reviewed to this point and has an impending danger threat. Tell the participants that they have the latitude to build out their case in any direction they would like to take it.

### Case Scenario #1:

A concerned neighbor alleges that a mother left her 2-year-old daughter and 15-year-old son home alone. She alleges that the mother has a long history with the Department and her older son is living with his grandmother now. The caller also states that the mother is “crazy” and she thinks that she may be in the woods behind the house. She has not seen the mother for days and has not heard the baby cry for at least two nights. The 15-year-old has had several friends coming and going all hours of the night.

### Case Scenario #2:

An anonymous call to the hotline alleges that there are two children under the age of four who are living in a “house from hell.” The caller alleges that the stench from the house is so awful that she can’t go outside. She also alleges there are always a lot of people in and out of the house. The caller reported that the children are outside sometimes until 9:00 or 10:00 pm without shoes on and sometimes the little one only has a diaper on. The caller believes that the mother may be pregnant.

**Case Scenario #3:**

A pediatrician reports that a 5-year-old female came to the clinic this morning with a large red mark on her face. When asked by the pediatrician what had happened to her face, the child responded that she fell and hit the table. The pediatrician reported that the mark did not look like it could have come from a fall and the observed the mother looking sternly at the child while she answered the questions. The child appeared fearful and became teary eyed while the pediatrician was talking to her. This is the first time the pediatrician has seen the child.

**Case Scenario #4:**

An elementary school counselor reports that a 10-year-old female student from her fourth grade class reported that her father is sexually abusing her. The abuse allegedly started at age 8-years-old. The last incident involved sexual intercourse which occurred 2-days-ago. The child is fearful of telling her mother and is worried about her family.

**Case scenario #5:**

A neighbor alleges that that the house next door is “running a prostitute ring” with young girls trading sex for drugs. The parents have a long history of criminal activity and reportedly own “a lot of guns.” The neighbor reports that the only known child is the parent’s 14-year-old daughter.

*FFA Investigation*



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**Information Collection and Family Functioning Assessment**

Case Name: \_\_\_\_\_ Initial Intake Received Date: \_\_\_\_\_  
 Worker Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 FSN Case ID: \_\_\_\_\_ Intake/Investigation ID: \_\_\_\_\_

**I. MALTREATMENT AND NATURE OF MALTREATMENT**

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

| Related Impending Danger Threats                                                                                                                                                                                                                               | Impending Danger Threat? |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                                                                                                                                                                                                                | Yes                      | No                       |
| 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.                                                  |                          |                          |
| 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.                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 seriously harmed.                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Other. Explain: _____                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |

**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.

| Related Child Functioning Impending Danger Threats:                                                                                                                                                                | Impending Danger Threat? |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                                                                                                                                                                    | Yes                      | No                       |
| Based on information related to child functioning and the caregiver's response, indicate Yes, Impending Danger exists, or No, Impending Danger does not exist.                                                     |                          |                          |
| Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that the Parent/Legal Guardian/Caregiver is unwilling or unable to manage. | <input type="checkbox"/> | <input type="checkbox"/> |

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the Florida Safe Families Network is subject to the penalty provisions of s. [39.202](#).

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### III. ADULT FUNCTIONING

**Related Adult Functioning Impending Danger Threats:**

|                             |     |    |
|-----------------------------|-----|----|
| Impending<br>Danger Threat? | Yes | No |
|-----------------------------|-----|----|

— 100 —

General – What are the overall, typical, parenting practices used by the parents/legal guardians?

**Related Parenting Impending Danger Threats:**

|                             |     |    |
|-----------------------------|-----|----|
| Impending<br>Danger Threat? | Yes | No |
|-----------------------------|-----|----|

A horizontal line representing a beam. Below the line, there are two small squares representing supports, one on the left and one on the right.

☐ ☐[illegible]

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**Information Collection and Family Functioning Assessment**

|                                                                                                                                                                            |                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Parent/Legal Guardian Protective Capacity Determination Summary:</b>                                                                                                    |                                                                                                                                               |
| Protective capacities are sufficient to manage identified threats of danger in relation to child's vulnerability? Yes <input type="checkbox"/> No <input type="checkbox"/> |                                                                                                                                               |
| <b>VI. CHILD SAFETY DETERMINATION AND SUMMARY</b>                                                                                                                          |                                                                                                                                               |
| <b>Child</b>                                                                                                                                                               | <b>Safety Determination</b>                                                                                                                   |
|                                                                                                                                                                            | <input type="checkbox"/> Safe – No impending danger safety threats that meet the safety threshold.                                            |
|                                                                                                                                                                            | <input type="checkbox"/> Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home. |
|                                                                                                                                                                            | <input type="checkbox"/> Unsafe                                                                                                               |
| <b>Child Safety Analysis Summary:</b>                                                                                                                                      |                                                                                                                                               |
|                                                                                                                                                                            |                                                                                                                                               |

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## FLORIDA SAFETY DECISION MAKING METHODOLOGY Child Present Danger Assessment

Case Name:  
Worker Name:  
Intake/Investigation ID:

FSFN Case ID:  
Assessment Date:  
Completed Date:

### 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                       |                                                                                                                                                                                                                                                                                                 |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 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 seriously harmed.                                                                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 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                                                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.                                                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Parent/Legal Guardian/Caregiver is threatening to seriously harm the child; Parent/Legal Guardian is fearful he/she will seriously harm the child.                                                                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.                                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.                                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.                                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.                                                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.                                                                                                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Other. Explain:                                                                                                                                                                                                                                                                             |

Present Danger Assessment

Page 1 of 2



## 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.

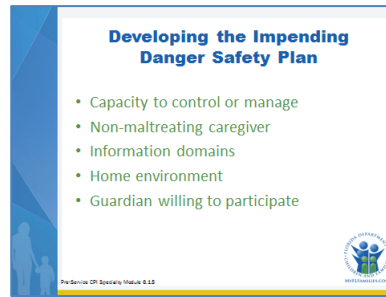
If at any time during agency intervention a danger threat is determined, immediately proceed to implementing a Safety Plan and conducting an In-Home Safety Analysis.

Present Danger Assessment

Page 2 of 2



## Activity STOP

*Display Slide 6.1.5 (PG: 12)*

If a danger threat is identified and there has been a determination that a child in the home is vulnerable to a threat, you have to assess whether or not there is a non-maltreating caregiver in the home who has the capacity to control or manage the identified threat(s) to keep the child safe. Sufficient information to determine this is derived from the FFA Adult Functioning and Caregiver Protective Capacity sections. You must make a decision as to whether or not the non-maltreating caregiver can demonstrate:

1. A willingness, ability to care for the child, and is responsible.
2. An understanding and belief that danger threats exist.
3. Is aligned with the plan.

So what is a safety plan? A safety plan is a written agreement between caregivers and DCF that establishes how impending (or present) danger threats will be managed. They must be implemented and actively and vigorously managed as long as the threats to child safety exist and caregiver protective capacities are insufficient to assure a child is protected in the home.



**Who can tell me how safety plans and case plans are different?**

**Trainer Note:** Go through the following comparison after you have heard responses.



**PG: 12-13**

Safety plans are not concerned with making things different in as much as they are concerned with keeping things under control.

They are more focused on stabilizing activities and observation and supervising.

A safety plan manages or **CONTROLS** the condition that results in a child being unsafe. Safety plans are effective by using both formal and informal providers.

Case Plans outline the services/treatment that the parent/caregiver will engage in to achieve the behaviorally specific outcomes to mitigate the danger threats and enhance their caregiver protective capacities.

Safety actions can be implemented immediately to protect children whereas treatment and behavior change typically take significantly more time.



**What is the difference in formal and informal providers?**



Often family members and neighbors or friends are the best people to use in a safety plan.



**Why do we want to include family and friends in the safety plan when we can?**

**Trainer Note:** Response should include something about they act as a support system for the parents and child and it supports that family-designated arrangement component of the practice model.



The effect of a safety plan must be immediate. If you institute a safety plan today, it must protect the child today. The plan has to work immediately upon implementation or it is not a good plan! If the actions taken in a safety plan do not have an immediate effect on the family dynamics, then they are not the right actions.

Case plans are concerned with making changes in behaviors that are sustainable.

The purpose of the case plan is:

- To create fundamental change in functioning and behavior that is associated with the reason that the child is unsafe.

For example, if the child is unsafe due to the parent/caregiver violent and/or impulsive behavior. We want to change the adult pattern of dangerous behavior so that the child does not observe these violent/impulsive behaviors and is safe within their home.

Case plans typically utilize more formal providers or services (i.e., counseling, substance abuse treatment, etc.) and best practice suggests that using family or family designated resources in the plan increases long-term sustainability.

### Why would this increase long-terms stability?

**Trainer Note:** Ensure that participants understand the importance of having informal and formal supports for sustainability and safety.



Reaching sustainable goals or outcomes on case plans can take time because the families that we work with typically are not ready to change when they come into the system. If you recall from Core, families come to us in the pre-contemplative stage of the change model because they typically do not see that they are doing anything wrong and involvement with DCF is not even on their horizon.



Given that case plans have a longer timeline and functional premise, the services found on a case plan cannot and do not control safety threats and should not be used on a Safety Plan.

To make sure that you really understand this difference, let's use an example that everyone will understand—dieting. If chocolate is a threat to your weight, your “safety plan” could include

removing the chocolate from your home because we know you can't control yourself with the chocolate in the home. Your friend would ensure that the chocolate stays out of the home by routinely monitoring your house and spends the night when you are really stressed out because she knows that's when you really binge on chocolate.

Your case plan would include attendance at weight watchers or over-eaters anonymous, nutritional counseling, and maybe behavioral health counseling for identifying the underlying issues for your overeating etc.

We would not leave chocolate in the house while you worked the case plan because you have already shown us that you do not have the capacity to control yourself and we would not want to put chocolate back in the house until we felt confident that you could control yourself with it.

I know this is a silly example, but it is a good way of thinking about the differences between safety plans and case plans—they have two very different roles.

Safety plans are DCF's way of taking responsibility for child protection. Safety plans are not the caretakers' responsibility. Once a safety plan is put in place, DCF as a system, assumes the oversight and substitute protector roles by working through others to assure child safety is managed in the household.

Case Plans require a totally different role. The case manager and case management is the facilitator of the change process. The role of case management in treatment is support and empowerment.

Remember, safety plans are intended to manage caregiver behavior, emotions, etc., and case plans are intended to enhance functioning and increase caregiver self-sufficiency.



## Are there any questions?



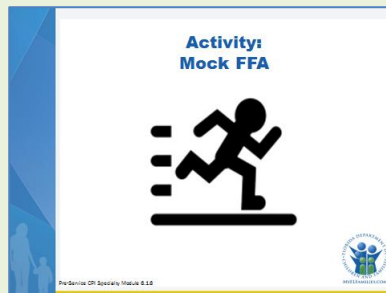
Safety plans are always your first order of business after the decision has been reached that a child is unsafe. You address impending danger at the conclusion of the FFA before you begin to remedy the underlying or contributing problems through treatment or other services.

Remember that a safety plan requires that you take prompt action to do something about the impending danger. The bottom line is that a safety plan manages or **CONTROLS** the condition that results in a child being unsafe. Treatment (such as substance abuse treatment, batterer's intervention or anger management intervention) cannot begin until the threat is under control.



## Activity: Mock FFA

Display Slide 6.1.6



### Materials:

- **PG: 14, Mock FFA built from previous activity**

### Trainer Instructions:

- Have participants exchange their FFA's they built in the last activity with another classmate. They will review the FFA to determine: 1) whether or not caregiver protective capacities adequate or diminished; and 2) whether or not there is an impending danger threat present utilizing the safety planning and analysis questions. If there is not sufficient information, the reviewer must determine what

*additional information is needed.*

- *Once the activity is completed, call on some of the participants to present their case and FFA to the class to decide if their analysis of the impending danger threat and CPC was correct. If there is not sufficient information, have the class identify what additional information is needed.*
- *Debrief as necessary. Focus on the need for sufficient information.*



## Activity STOP

Display Slide 6.1.7 (PG: 14)



Protective intervention includes a broad array of safety services that are captured under five categories:

- Crisis Management
- Behavior Management
- Social Connections
- Resource Support
- Separation Activities

These services can be offered as a formal support through agencies or informally through the families support network.



**What considerations should you make when determining which formal or informal supports and services to use?**

**Trainer Note:** The correct response should include answering whether or not safety services are available at a sufficient level and to the degree necessary to manage all impending danger threats manifesting in the home?



Please turn to **PG: 15-20**, and locate the Protective Interventions and Safety Services. Please take a few minutes to read over each one of the services.

**Trainer Note:** As you go through the list, give the names of agencies that you know of in the local area that provide the specific service.

The availability of these services will vary from circuit to circuit depending upon the specific array of services provided by the local community based care agency. Let's review the list together.

If you cannot access a "contracted" safety service provider, you should consider using members of the family to arrange for supervision and monitoring, resource support, or assistance with temporary separation actions to reduce caregiver stress or child caring responsibilities.

## Protective Interventions and Safety Services

### Safety Services

#### Action for Child Protection

#### Safety Categories and Associated Safety Management "Services"

##### **Safety Category:      Behavioral Management**

Behavioral management is concerned with applying action (activities, arrangements, services, etc.) that controls (not treats) 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, perceptions and attitudes, the purpose of this action is only to control the behavior that poses a danger threat to a child. This action is concerned with aggressive behavior, passive behavior or the absence of behavior – any of which threatens a child's safety.

##### **Safety Management 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. Supervision and monitoring is almost always when other safety services are employed.

### **Safety Management Service:      Stress Reduction**

Stress reduction is concerned with identifying and doing something about stressors occurring in the caregiver's daily experience and family life that can influence or prompt behavior that the in-home safety plans is designed to manage.

Stress reduction as a safety management service is not the same as stress management treatment or counseling, which has more behavior change through treatment implications. Your responsibility primarily has to do 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's a case management concern through a case plan, not a safety plan.

### **Safety Management 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, safety management services are not concerned with changing behavior; it is concerned with immediately controlling threats. 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 management service is concerned with monitoring and seeking to influence behavior that is associated with present danger or impending danger and is the focus of an in-home safety plan. Think of this safety management 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 assure effective implementation of the in-home safety plan.

### **Safety Category:      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 member's emotions, abilities, resources, and problem solving. A crisis for families you serve is not necessarily a traumatic situation

or event in actuality. A crisis is the caregiver's or family member's 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 in their lives as threatening, overwhelming, horrible events, and situations for which they have little or no control, blame others for and don't adapt well to.

Keep in mind with respect to safety management, a crisis is an acute, here and now matter to be dealt with so that the present danger or 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 present danger or impending danger. Crisis management is specifically concerned with intervening to:

- Bring a halt to a crisis
- Mobilize problem solving
- Control present danger or impending danger
- Reinforce caregiver participation in the in-home safety plan
- Reinforce other safety management provider's/resource's participation in the in-home safety plan
- Avoid disruption of the in-home safety plan.

### **Safety Category: Social Connection**

Social connection is concerned with present danger or 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 manner 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 Management Service: Friendly Visiting**

Friendly visiting (as a safety management 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 intent 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 include professional and non-professional safety management service providers/resources or support network. When others make arrangements for friendly visiting, it will be necessary for you to direct and coach them in terms of the purpose of the safety management service and how to proceed, set expectations, and seek their accountability.

### **Safety Management 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 basic parenting assistance is always about essential parenting knowledge and skills and whomever is designated to attempt to teach, model, and build skills.

Safety intervention is concerned with parenting behavior that is threatening to a child’s safety. The safety management service basic parenting assistance is concerned with specific, essential parenting that affects a child’s safety. This safety management 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. Someone you bring into the in-home safety plan become a significant social connection to help him or her with challenges they have in basic parenting behavior which is fundamental to the children remaining in the home.

### **Safety Management 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

management 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 management services when the opportunity is available. (See Supervision and Monitoring.)

### **Safety Management Service: Social Networking**

In this safety management service you are a facilitator or arranger. Social networking, as a safety management 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; and use contact that is focused and purposeful.

### **Safety Category: 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 Management Services:**

Activities and safety management 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.
- Financial/Income/Employment assistance as an assistance aimed at increasing monetary resources related to child safety issues.
- Housing assistance that seeks a home that replaces one that is directly associated with present danger or impending danger to a child’s safety.
- General health care as an assistance or resource support that is directly associated with present danger or impending danger to a child’s safety.

- Food and clothing as an assistance or safety management service that is directly associated with present danger or impending danger to a child's safety
- Home furnishings as an assistance or safety management service that is directly associated with present danger or impending danger to a child's safety.

**Safety Category:      Separation**

Separation is a safety category concerned with danger 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, demand, 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-the-home family-made arrangements to care for the child or combinations.

**Safety Management Services:**

Safety management 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.
- Family-made arrangements to care for the child out of the home; short-term, weekends, several days, few weeks.



## Activity: Safety Services

Display Slide 6.1.8



### Materials:

- **PG: 20, Safety Services worksheet**
- Mock FFA and Safety Plans from previous activities

### Trainer Instructions:

- *Have participants go back to their mock FFA's and safety plans and make a decision about what safety services are needed and why. If you have provided a list of resources or access to names of local resources, have them identify the service by name or agency.*
- *Call on participants to share their responses and rationales.*
- *Debrief as necessary.*



## Activity STOP

Display Slide 6.1.9 (**PG: 21**)



Historically, the child welfare system has been notorious for its diametric view of safety intervention. In the past, children were either safe or unsafe and if they were unsafe, they were removed

from the home. Florida's practice model has moved away from this view of intervention and utilizes the interaction of the danger threats, child vulnerability and protective capacities to determine safe or unsafe as well as the direction that the safety plan should go.

Safety plans are meant to be a provisional intervention that is dynamic and fluid. This means that we recognize that many options exist between leaving children in their home and removing them.

Depending on the nature of the family situation, the parents' protective role may not be significant. This is especially true when there is domestic violence, parental/caregiver substance misuse and persistent parental/caregiver mental illness.

You always will go back to the basic questions when safety planning:

- What gaps in information are germane to more complete safety planning?
- How is the threat is operating or being manifested in the family?
- What types of safety actions are likely needed to match up with the identified threats?
- What impact do special circumstances such as domestic violence, substance misuse and mental illness have on safety and family functioning?
- Can an in-home safety plan sufficiently manage the impending danger?



Let's spend a few minutes talking about domestic violence by reviewing and building off of what you learned in Core. Working with families where domestic violence is present can pose some significant challenges for you. There is one thing you always need to remember, domestic violence is not an anger management problem it is a violence problem.



**What are some reasons that people believe DV is really nothing more than anger management problem?**

**Trainer Note:** You are looking for responses that relate to family culture or intergenerational effects i.e. learned behavior and modeling.



The Florida Coalition Against Domestic Violence or FCADV has developed a list of competencies that you should have to work with survivors of domestic violence, children who are exposed to domestic violence and perpetrators. Please turn to **PG: 22-23** so that we can discuss these competencies.

## **Florida Coalition Against Domestic Violence Competencies**

### **Recommendations for Child Welfare and Domestic Violence Services**

The report includes recommendations to increase and enhance the integration of domestic violence and child welfare services throughout Florida. These recommendations are based on the community readiness assessment findings described herein, on the best practices derived from FCADV's CPI Project sites, and on FCADV's collaborative work with DCF to implement the Transformation Project as it relates to child welfare agencies' work with Domestic Violence Centers in Florida.

Recommendations include the following:

- **Leadership in Clarifying Roles and Responsibilities:** Leadership of Domestic Violence Centers and child welfare agencies should come together to find common ground and to clarify roles and responsibilities of their respective agencies and staff.
- **Developing Formal Agreements:** Child welfare agencies and Domestic Violence Centers should thoughtfully develop formal agreements such as Memoranda of Understanding and partnership protocols.
- **Training for Domestic Violence Advocates and Child Welfare Staff:** Domestic violence advocates and child welfare staff should be regularly and consistently cross-trained in order to increase the understanding of each other's roles and expertise. Training for child welfare staff should be conducted by and/or in collaboration with local Certified Domestic

Violence Centers in order to enhance local relationships and partnerships.

- **State Level Database with Partnership Information:** In an effort to conduct the most effective technical assistance possible, FCADV should work to develop and maintain a state level database that includes relevant partnership information for local child welfare agencies and Domestic Violence Centers.
- **Referrals to Certified Domestic Violence Centers:** Child welfare agencies should make referrals to Certified Domestic Violence Centers within 24 to 48 hours of the initial abuse investigation and throughout the case thereafter when domestic violence is identified. This is imperative to increasing the safety of survivors and their children.
- **Funding for Co-located Domestic Violence Advocates:** DCF should work collaboratively with FCADV to secure additional funding from the Legislature to staff co-located advocates at a rate of 40 CPIs to one co-located domestic violence advocate. These co-located advocates should be employed by Certified Domestic Violence Centers in Florida and will provide expert consultation on domestic violence cases in the child welfare system.
- **Perpetrator Accountability and Partnership with the Non-offending Parent:** It is critical that domestic violence and child welfare agencies come together to partner with non-offending parents and hold domestic violence perpetrators accountable in order to enhance family safety in domestic violence cases. In addition to training and partnership building, this will require a coordinated community response that involves partners including, but not limited to: law enforcement, probation offices, state attorney's offices, courts, child welfare agencies, and Domestic Violence Centers.

### **What fears do you have about working with survivors of domestic violence? Children? Perpetrators?**

**Trainer Note:** Debrief and reassure. Reiterate that it is imperative that you consult with your supervisor with these types of cases.



Now let's turn to ***PG: 24-28, Guide for Integrating the Safe and Together Model, FCADV's Child Protection Investigations Project, and Florida's Safety Methodology***. What I hope you will notice immediately is that the model has tied the information

domains directly to domestic violence. Let's take some time to review the model.

**Trainer Note:** Have participants read each domain out loud and then ask for reaction/ comments/feedback.

Understanding DV as it relates to safety planning is critical. There is a higher incidence of lethality or death associated with DV cases than other cases. This means that alleged batterers need to be located, interviewed and held accountable regarding domestic violence incidents.

When you are gathering information, you must determine the following:

- Are there any discernible patterns of “out-of-control” behaviors in prior maltreatments (i.e., domestic violence, substance abuse, unmanaged mental health condition, etc.) that you should have a heightened awareness of?
- Does the totality of the information known and collected suggest the need for immediate consultation/teaming with external partners, domestic violence advocate, substance abuse or mental health professional, etc. help with the development of the safety plan?
- Do I understand the dynamics of the relationship between the survivor, the child and the perpetrator in domestic violence situations?



**What do you do if you cannot answer these questions?**

**Trainer Note:** Stress the importance of consulting with the supervisor and other subject matter professionals.

## Guide for Integrating the Safe and Together Model

### *Safe and Together™ model*

#### Case Planning with Batterers in Child Welfare Cases

The following are items that could be part of case or safety plan with a domestic violence perpetrator involved with child welfare. This list is suggestive but not exhaustive. Other items, not included here, might also be useful for promoting the safety and well-being of the children and family.

Each item below is accompanied by a brief description of the item's purpose and a suggestion for evaluating achievement of the item. Please note the overall emphasis of the items is on behavior change, not simply on the



completion of a program.

The effective development of a case plan starts with a thorough assessment of the perpetrator's pattern of coercive control and actions taken to harm the children. This baseline helps determine the focus of behavior change expectations and provides the best chance for determining real behavior change.

Any interventions with perpetrators ideally occur in conjunction with partnership with the domestic violence survivor around safety and well-being.

---

**1. No further physical violence towards any member of the household (includes pets).**

Purpose: To set clear boundaries around future violence. To end physical harm and fear of further violence for all members of the household.

Success: No reported violence by any member of household, extended family members or other witnesses, and no observed indication of violence, i.e. bruises. No new arrests.

**2. No further intimidating behavior towards any member of household. This includes verbal threats, defined or undefined, destruction of property, throwing objects, punching walls, etc.**

Purpose: To end climate of fear and increase the feeling of safety in the household.

Success: No reported intimidating or threatening behavior. No reported or observed damage to household, especially holes in wall, etc. Worker will look for missing or broken objects in household. Household members will be interviewed for presence of threats or intimidating behavior.

**3. All weapons will be removed from the premises including guns, bows and arrows, shotguns, hunting rifles. The weapons will need to be sold or given to law enforcement for safekeeping.**

Purpose: To reduce likelihood that identified weapons will be used to assault or intimidate members of the household.

Success: Batterer will produce bill of sale or receipt from police.

**4. Seek out an evaluation and comply with recommendations of domestic violence counseling to address issues of coercive control and abuse. Anger management, family, couples' or regular individual counseling will not be accepted as treatment in domestic violence cases. The treatment will have as its goals:**

- a. The cessation of violent, abusive and controlling behaviors towards the adult partner.**
- b. The cessation of violent and abusive behaviors toward any children in the home.**
- c. Education about the effects of violence, abuse and controlling behaviors on family members.**
- d. The development and implementation of behavior change plan to prevent further abuse and violence.**
- e. Collateral contact with the adult victim and the referring agencies for exchange of information about the purpose and limitations of the counseling; the batterer's pattern of abuse and violence and other relevant information about the batterer.**

Purpose: To engage batterer in appropriate counseling with the goal of ending coercive control and physical violence over family. To obtain a professional evaluation of a client's motivation to change abusive behavior, and his understanding of the impact of his abusive behaviors.

Success: Completion of required evaluation and (when recommended) counseling sessions. Reports from victim and children that abusive behavior has ended. Victim reports of greater safety and freedom. Commonly recommended lengths of counseling range from six months to one year. Actual length of counseling determined on an individual basis.

**5. Will not use physical discipline with children.**

Purpose: To create clear boundaries around discipline in order to prevent child abuse.

Success: No bruises or other indications of physical discipline. No reports from anyone in the family of further physical discipline.

**6. Will be able to acknowledge a majority of past abusive and violent behavior towards partner and children, which will include:**

- a. **Detailing the abusive nature of specific actions, physical and non-physical**
- b. **Display an understanding of the impact of these behaviors on his partner, children and himself**
- c. **Display an ability to discuss his own abusive actions without blaming others or outside circumstances for his behavior**
- d. **Be able to demonstrate non-abusive, non-violent behavior when in prior similar circumstances he would have become violent or abusive.**

Purpose: The batterer will be able to demonstrate to others, including DCF workers and family members, non-abusive behavior and a sense of responsibility for his own abusive behavior.

Success: Can do the above things.

**7. When necessary, the batterer will seek and follow recommendations of substance abuse evaluation/actively engage in a program of recovery.**

Purpose: While substance abuse does not cause domestic violence, it co-occurs with domestic violence in many batterers. Substance abuse, when suspected, must be addressed through a separate evaluation and counseling process from the domestic violence. Active substance abuse may increase the batterer's dangerousness and/or inhibit his ability to benefit from domestic violence counseling.

Success: The batterer will complete recommended evaluation. When there is an identified substance abuse problem, the batterer remains clean and sober. The substance abuse evaluator indicates no need for substance abuse treatment.

**8. When necessary, the batterer seek and follow recommendations for mental evaluation/will stay involved with any mental health counseling, and follow doctor's recommendations, including taking prescribed medications.**

Purpose: While mental health issues (e.g. depression, PTSD) do not cause domestic violence, they can co-occur with domestic violence in batterers. Untreated mental issues may increase the dangerousness of the batterer and/or hinder his ability to engage in domestic violence counseling.

Success: The batterer will complete recommended evaluation.

When recommended, the batterer will maintain recommended mental health treatment regimen, e.g. counseling sessions, medications.

**9. The batterer will not deny partner access to phone, vehicle or other forms of communication and transportation.**

Purpose: The batterer cannot isolate the adult victim/children from access to friends, family, and employment by controlling communication and transportation.

Success: The victim/children report access to existing communication and transportation resources. Social worker observes access to existing communication and transportation resources.

**10. The batterer will share with partner all relevant information to income and family financial circumstances. When access has been limited, the perpetrator will be expected to address this issue.**

Purpose: This expectation is intended to reduce the batterer's financial control over his partner and the family.

Success: The batterer provides the victim with pay stubs and information on bank accounts and other assets. Provides access to joint financial resources.

**11. The client will disclose to partner all information relevant to child abuse and domestic violence, including prior arrests, open cases with other children with DCF, probation.**

Purpose: In order to maintain control or avoid negative consequences, batterers will often lie or withhold information from his partner. By requiring him to share information about his prior criminal history, current criminal justice involvement, domestic violence and/or child abuse history the batterer will provide the partner with information relevant for her risk analysis and safety planning and demonstrate a willingness to be more honest and less manipulative about past behavior.

Success: The partner reports that the batterer has shared with her all known information about his prior criminal history, current criminal justice involvement, domestic violence and/or child abuse history.

**12. If the couple is separated, there is a no contact order or there has been a pattern of isolation or stalking, no unwanted or unexpected visits to partner's home or office (can include her family or other identified relatives).**

Purpose: Batterers regularly attempt to pressure or coerce a partner who has left to return to him. This behavior can be very threatening and lead to physical violence.

Success: No reports of threatening or harassing behaviors.

**13. Respect all existing court orders, including protective, restraining, custody and visitation and child support orders.**

Purpose: Batterers often defy court orders. Including "respect all existing court orders" in child protection expectations underscores the importance of those orders to the safety and well-being of the children and emphasizes the need for the client to comply with other court orders as a condition of complying with child welfare and/or juvenile/family court.

Success: All reports (partner, other courts) indicate that the batterer is complying with all existing court orders.

**14. In lieu of formal child support order, the batterer will maintain financial support for his children regardless of whether he resides with them or not.**

Purpose: To reduce the batterer's ability to control or coerce his partner through financial pressure. To articulate the expectation that the batterer will provide for the basic needs of his children regardless of the status of his relationship with their mother.

Success: The social worker verifies that the batterer is maintaining his financial support of his children.

**15. The batterer will support all reasonable efforts to provide his child(ren) with appropriate services including childcare, healthcare (e.g. well-baby visits). The batterer will not interfere with the other parent's efforts to seek out services for themselves and the children.**

Purpose: To articulate the expectation that the batterer will provide support for the physical and emotional needs of his children regardless of the status of his relationship with their mother. To

prevent isolation of mother and children from necessary services.

Success: The partner/children report access to services.

### PG: 29



Remember that we are all about engagement. The more we engage or partner families, the more likely we are to have safe children and keep parents accountable for their actions. Now let's watch a video that demonstrates how to build strong partnerships with families with DV.

<http://www.fcadv.org/projects-programs/child-welfare/safe-together-video>

**Trainer Note:** Show FCADV "David Mandel How to Build Strong Partnerships. Reiterate that we do not want to put the survivor or the child in greater danger or at increased risk.

To recap, the safety of children in domestic violence situations is dependent upon the safety of the adult victim. Early identification of domestic violence is paramount to the safety of a child. If a family has a prior history of domestic violence or if the family has no prior reported history but law enforcement or medical personnel report a current incident, you should contact the local domestic violence agency to determine if an advocate can accompany the investigator to the scene (based upon local protocols and working agreements).

In order to adequately assess the safety of children exposed to domestic violence, the following critical elements of the investigation need to be identified:

- The maltreater's pattern of coercive control.
- Specific behaviors the maltreater has engaged in to harm the children.
- Full spectrum of the survivor's efforts to promote the safety and well-being of the children despite the violence in the home.
- The adverse impact of the maltreater's behavior on the children.
- Other factors impacting the domestic violence (i.e., substance abuse, mental health, cultural and socio-economic).



**Are there any questions?**

## Safety Planning in Cases of Domestic Violence

FS 39.301(9)(a)6.a. requires:

If the child protective investigator implements a safety plan, the plan must be specific, sufficient, feasible, and sustainable in response to the realities of the present or impending danger. A safety plan may be an in-home plan or an out-of-home plan, or a combination of both. A safety plan may include tasks or responsibilities for a parent, caregiver, or legal custodian. However, a safety plan may not rely on promissory commitments by the parent, caregiver, or legal custodian who is currently not able to protect the child or on services that are not available or will not result in the safety of the child. A safety plan may not be implemented if for any reason the parents, guardian, or legal custodian lacks the capacity or ability to comply with the plan. If the department is not able to develop a plan that is specific, sufficient, feasible, and sustainable, the department shall file a shelter petition. A child protective investigator shall implement separate safety plans for the perpetrator of domestic violence and the parent who is a victim of domestic violence as defined in s. 741.28. If the perpetrator of domestic violence is not the parent, guardian, or legal custodian of the child, the child protective investigator shall seek issuance of an injunction authorized by s. 39.504 to implement a safety plan for the perpetrator and impose any other conditions to protect the child. The safety plan for the parent who is a victim of domestic violence may not be shared with the perpetrator. If any party to a safety plan fails to comply with the safety plan resulting in the child being unsafe, the department shall file a shelter petition.

### ***PG: 29***

There may be domestic violence situations in which a court order or injunction needs to be put in place to ensure that the maltreater does not have contact with the children or the victim. Injunctions under Chapter 39 protect the child whereas

injunctions under Chapter 741 primarily protect the adult survivor but children can be included in the protection order. The terms of the final injunction shall remain in effect until modified or dissolved by the court. The petitioner, respondent, or caregiver may move at any time to modify or dissolve the injunction. Under Chapter 39, the best interest of the child and safety is always considered.

The injunction applies to the alleged or actual offender in a case of child abuse or acts of domestic violence. The conditions of the injunction shall be determined by the court, which may include ordering the alleged or actual offender to:

- Refrain from further abuse or acts of domestic violence
- Participate in a specialized treatment program
- Limit contact or communication with the child victim, other children in the home, or any other child
- Refrain from contacting the child at home, school, work, or wherever the child may be found have limited or supervised visitation with the child
- Vacate the home in which the child resides



**Who can tell me what connection there is between DV, substance/alcohol abuse and mental illness?**

**Trainer Note:** Correct answer is that they are correlated with a higher frequency of domestic violence when there are substances involved, specifically alcohol abuse, and when there is unmanaged parental/caregiver mental illness.



Please turn to **PG: 31, Ten Item Checklist**. This checklist is a great tool for you to assess how DV, substance/alcohol abuse and mental illness intersect and can impact child functioning, adult functioning and caregiver protective capacities.

## Ten Item Checklist

### Safe and Together™ Model

Ten item checklist about the intersection of domestic violence, substance



### abuse and mental health issues

1. What is the relationship between domestic violence, substance abuse, mental health issues?
2. How have the perpetrator's behaviors created/exacerbated the mental health/behavioral health and/or substance abuse issues for the adult survivor and/or child?
3. What is the relationship between the perpetrator's abusive behavior and their own mental health and/or substance abuse issues?
4. How is the perpetrator interfering with/supporting the treatment and recovery of family members?
5. How are family members more vulnerable to the perpetrator's control because of their mental health and/or substance abuse issues?
6. How are professionals assessing for domestic violence when the presenting issue is adult and/or child behavioral/mental health and/or substance abuse?
7. How is the case plan addressing domestic violence when it is co-occurring with substance abuse and/or mental health issues?
8. What is skill level/competence/policy and practices of substance abuse and mental service providers regarding assessing for domestic violence, safety planning and the integration of co-occurring issues into their treatment plan?
9. What information do mental health and substance abuse treatment providers have access to regarding the domestic violence?
10. What the competencies/training/skill level of evaluators/assessors regarding domestic violence in general and more specifically regarding the co-occurrence of domestic violence with substance abuse and/or mental health issues?

### ***PG: 32***

What is important for you to know about these three areas is that you have access to professionals to assist you in the assessment process as well as the safety determination. The accurate assessment of unmanaged mental health issues and out-of-control substance abuse requires professional input from individuals trained in those respective disciplines. These cases

are often too complex to not seek out additional input and guidance regarding child safety and risk.

Take substance abuse for example. Often times, the family is in denial or minimizes the impact on family dynamics and may not be aware of how the issue is impacting the caregiver's ability to protect the child. In families with persistent mental illness, the family can adopt maladaptive coping mechanism to deal with the inconsistencies of the mentally ill caregivers' behaviors, emotions and cognitions. In cases with DV, substance abuse and mental illness, there is a tendency to "normalize" the negative outcomes of having a parent or caregiver in the home with these issues. This means that more times than not, coping strategies are compromised and/or inadequate.

Remember that you may request a psychological evaluation of a child or any family member from CPT to assist with assessing emotional, behavioral, psychological or intellectual functioning of family members with these conditions in the home. CPT evaluations will be particularly helpful to you in identifying the short and long-term psychological effects of the maltreatment given these conditions.

A CPT referral is not appropriate in emergency situations where you suspect that the parent or caregiver is experiencing an acute mental, emotional or substance abuse crisis for which the individual's typical coping strategies are inadequate and you believe there is a substantial likelihood that the individual will cause serious bodily harm to himself or herself or others in the near future.

A recent update to the Maltreatment Index provides screening questions for the hotline and CPIs. Please turn to PG to review the screening material.

In these situations, you should immediately contact law enforcement for assistance with involuntary assessment of the

individual as directed under either the Baker Act (s. 394.463, F.S.) for a psychiatric evaluation or under the Marchman Act (s. 397.675, F.S.) if the individual is under the influence of drugs or alcohol at the time of the home visit.

In these situations, you should always consult your supervisor and if need be, consult CLS about your options.

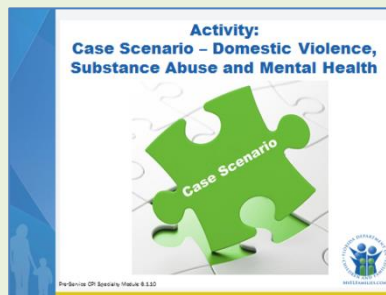


**Are there any questions?**



## **Activity: Case Scenario Activity Portraying Domestic Violence, Substance Abuse and Mental Health**

*Display Slide 6.1.10*



### **Materials:**

- **PG: 33-35, Case Scenarios**

### **Trainer Instructions:**

- *Read the scenarios out loud and ask the participants to identify what the “out of control” behavior is; what are the gaps in information (six domains); and who would they consult with or team with and why.*

### **Case Scenario #1**

A call was made to the Hotline by a friend of a 37-year-old female, Patty, who has been married for 18-years. She has 2 small children (Joe 6, Tom 5) that live in the house with her and her husband. Patty confided in the neighbor that her husband, Dave, has a drinking problem and regularly hits Patty. About an hour ago, he hit her in the face with his fist that and she thinks she has a black eye and possibly a broken nose. The children are present for most of the incidents and have witnessed them. On several

occasions, the 6-year-old son has tried to intervene and Dave will throw him to the ground and yell at him to “get the hell out of here.” The violence has been going on for almost 15-years and has increased with Dave’s drinking.

### **Case Scenario #2**

A call was made to the Hotline by a Nurse Practitioner at the local community mental health clinic regarding Nya, a 24-year-old mother of three (ages 5, 4 and 2), who is diagnosed with paranoid schizophrenia and has decided to come off of her medication. She is actively hallucinating and has had past episodes of leaving the children alone when she is in this state. Upon arrival to the home for the initial visit she is actively hallucinating and believes that her father is the devil and was sent from hell to take her children. The maternal grandmother was at the home at the time and agreed that she would stay with the children in the home until the mother got back on her medication. Two-weeks later, the grandmother called to say that she had to go back to her house because her daughter now believes that she is the devil and she is fearful of her. The grandmother reported that the daughter has now started “talking to herself and appears to be having conversations with the devil.”

What is the out of control behaviors in these scenarios?

What are the gaps in information that you would need to collect? (Hint: Tie to the six domains)

Who would you consult or team with and why?



## **Activity STOP**

Display Slide 6.1.11 (PG: 36)



**Who can tell me what a safety service provider is and give me an example? Here is a hint: There are five categories.**

**Endorse:**

1. Crisis Management
2. Behavioral Management
3. Social Connections
4. Resource Support
5. Separation Events



Please turn to **PG: 36**. Let's review again the safety service provider categories. As we talk about each category I will ask for an example of their role in the impending danger safety plan.

**Trainer Note:** You can also assign each table a category and ask them to present to the class.

Be sure to point out that formal safety service providers are utilized to supervise and monitor the home and implement formal services in one or more of the safety service categories. Informal supports are mainly used for monitoring purposes and assisting the parents in the completion of tasks agreed upon in the plan.



In deciding what services to use, you should consider the following:

- Is the home environment calm and stable enough for an in-home safety plan to be implemented and for safety service providers to work with the family safely in the home?
- Is the parent or legal guardian willing to participate in the

development and implementation of an in-home safety plan?

- Has the caregiver demonstrated that they will cooperate with all safety service providers identified in the plan?

*Display Slide 6.1.12 (PG: 36-37)*



**What do you think the role of a safety planning team and a safety planning conference is?**

**What do you think the benefits are to you? To the family?**



Completing the FFA gives you more time to identify which individuals and/or agency supports should be brought into the safety planning process as well as time to work out the logistics of scheduling the safety planning conference. The purpose of putting together a safety management “team” and the conducting a safety planning conference is to design an effective safety plan that has the correct and adequate safety services and actions necessary to control for safety.

You do not have to wait until you have actually written the FFA to have a safety planning conference.

You will schedule a safety planning conference to develop an impending danger safety plan. The parents, their family supports, and formal safety management team members should be invited and present at the conference. During the conference, team members will establish agreed upon responsibilities, appropriate safety actions and identify specific details to structure the safety management process.

At the safety plan conference, the participants will want to evaluate the present danger plan, if in place, to determine if actions are appropriate and sufficient to build into an ongoing safety plan.

You will also need to confirm whether an in-home safety plan is the least intrusive means that can effectively manage all danger threats that are occurring within the family and re-confirm all commitments with participants if a current present danger plan is to become a safety plan of longer term duration.

Lastly, you will need to determine if an in-home safety plan meets criteria for judicial supervision.

If the child is a Native American child, you will want to use the tribe as a resource when developing the ongoing safety plan, unless they decline.

Safety planning conferences can be held at any time to update or revise a safety plan or address a particular issue that has surfaced since the initial plan was implemented, but remember that you have to have an impending danger plan in place within 24-hours from the point an impending danger is identified.



### **What information should you be prepared to present to the safety management team at the safety planning conference?**

#### ***Endorse:***

- How the threat is operating or being manifested in the family.
- Types of safety actions likely needed to match up with the identified threats.
- Gaps in information relevant to more thorough safety planning.
- How an in-home safety plan can or cannot sufficiently manage the impending danger.

- Identify any special circumstances impacting the family, such as domestic violence, substance misuse/abuse, mental illness and/or criminal behaviors.

*Display Slide 6.1.13 (PG: 37-38)*



Let's talk in a little more detail about safety management teams. When you determine that safety actions are required to keep a child safe from an identified danger threat, you should immediately begin to work with the parent or legal guardian to identify responsible individuals the family knows and trusts and who can assist with implementing the safety activities that will be safety plan.

At Present Danger, these would be individuals who are immediately available to come to the home to participate in the planning efforts.

For impending danger, you will want to contact these individuals and invite them to become members of the family's safety management team. You will also want to identify the protective intervention and safety services that will be needed to implement the safety plan. Your team is expected to participate in a safety planning conference within the next 24-hours.

The safety management team is what we call formal or informal safety services providers (ex., CBC providers or family, relatives, friends). The team and ultimately the safety plan is directly correlated to the information collected for the FFA. The primary focus is on caregiver protective capacities. The purpose of the



team is to design an effective plan that provides adequate supervision and monitoring, resource support, or assistance with temporary separation actions to mitigate the danger threat in the home and substitute for the parent/ caregiver's diminished protective capacities

Impending danger safety plans should entail these five major components:

1. Detailed actions devised to keep the child safe.
2. Identification of which individual(s) is/are responsible for the safety action(s) to be implemented.
3. Solicitation of additional resources or individuals to assist with or support the safety actions needing to be implemented.
4. Determination of the frequency of the intervention.
5. Identify the individual responsible for monitoring each safety action.

You should use the team to continually analyze the safety plane and to assist in identifying gaps in the plan's sufficiency. Teaming provides additional supervision and monitoring for safety, providers can provide additional decision-making information and can assist you with ensuring the correct safety services are in place.

While the development of the plan is collaborative in nature, it is not a democratic process ruled by the majority. You are responsible for determining what elements are required in the plan to ensure child safety.

Parents/caregivers have a right to reject a protective action but can be helped to understand that their choice means that you will be required to seek legal intervention. That being said, they don't have to agree that the protective action is necessary but must be willing for the protective action to occur if you determine the action is required to ensure child safety.

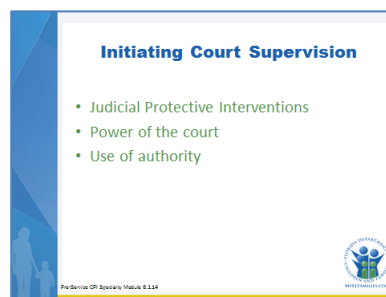
This underscores how essential it is all individuals on the safety team know and understand how the safety actions will manage the identified danger threats in the home. You must get the teams buy-in and commitment.

Once the plan is agreed on, you will obtain signatures from all safety management team members and provide each member with a copy. In essence this is equivalent to a “contract.”



### **Are there any questions about safety planning conferences and safety management teams?**

*Display Slide 6.1.14 (PG: 39)*



With some families, the only effective course of action to motivate and/or influence the parents/caregivers to cooperate with you or to participate in the safety management process is to leverage the influence and power of the court.

“Judicial Protective Interventions” are court ordered services and supervision from the Department or contracted service providers aimed at stabilizing the household.

The court is an essential partner in authorizing the more restrictive and intrusive safety actions (i.e., emergency shelter placements, issuance of an injunction, requiring supervised visitation, etc.) however, it is still your responsibility to continue motivating and monitoring the family outside the courtroom. Ongoing family engagement, and teaming is just as important, if not more so, once the order has been entered.

It is also important to remember that court involvement in cases with domestic violence dynamics may actually increase the need for heightened vigilance your part, not reduce it.



**Why would court involvement possibly make a domestic violence case more volatile?**

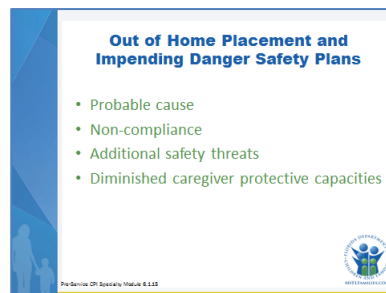
**Trainer Note:** Responses should include that it brings attention to the perpetrator and goes back to the power and control wheel and blame. Perpetrators are also held accountable.



**What difficulties may you encounter in terms of family-centered practice in court ordered cases?**

**Trainer Note:** Responses should include that something about the family feeling that it is too intrusive and they have limited say in what determinations the court makes. Also brings more attention to the family, court appearances may mean the parents have to balance scheduling issues etc.

*Display Slide 6.1.15 (PG: 39)*



There must be probable cause to remove a child. Removal can occur when impending danger safety plan is in place if there is:

- Non-compliance on the part of the parent/caregiver.
- Additional safety threats identified that meet threshold qualification/ criteria for removal.
- Caregiver protective capacities are diminished.



**If a child is placed out of the home, who should be given priority?**

**Trainer Note:** If there is a need for removal and an out-of-safety plan, the priority should be to place the child with a relative after background checks have been completed and the home study initiated. If there is not an appropriate relative, the child is placed in a licensed emergency shelter/foster care placement.



If you determine that an in-home safety plan cannot adequately control or manage an identified danger threat(s) regardless of the availability and timely introduction of safety services into the home, you will need to consult with your supervisor and CLS prior to removing the child.

Just as in present danger, there must be probable cause to remove a child from their home. There also must be documented reasonable efforts to keep the child in the home prior to the removal (except under exigent circumstances where the investigator has to immediately take the child into custody).

When a child is removed, you must have the case heard before the court within twenty-four (24) hours of the removal.

**Trainer Note:** This twenty-four (24) hour timeframe starts from the time of the actual removal this would include putting a “hold” on a newborn at the hospital.



**What would be some indicators of safety plan non-compliance with the cases that you were exposed to in field?**

**What would it take for you to consider an out-of-home placement?**



## Activity: Case Scenario – Impending Danger Safety Plan Presentations

Display Slide 6.1.16



### Materials:

- **PG: 40, Impending Danger Safety Plan worksheet**

### Trainer Instructions:

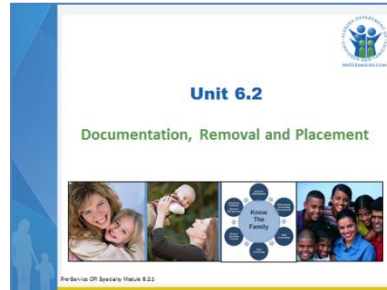
- Have participants write a safety plan for the previous case scenarios (Patty and Nya).
- Select participants or ask for volunteers to present their safety plans for critique by you and the group.
- Be sure that they identify the safety services and providers.
- Ask for examples of how they would know if there was compliance as well as non-compliance with the plan.



## Activity STOP

## Unit 6.2:

*Display Slide 6.2.1*



**Time:** 4 hours

**Unit Overview:** The purpose of this unit is provide participants with an understanding of the situations that require removal consideration and the documentation that provides the rationale for removal and placement of the child(ren) once the determination is made.

*Display Slide 6.2.2*



*Review the Learning Objectives with the participants.*

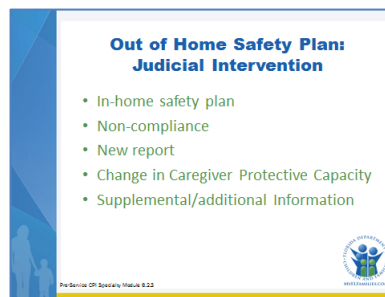


### **Learning Objectives:**

1. Describe the types of situations where a child must be removed from his or her household because he/she is unsafe.
2. Determine the least invasive/most-family-friendly safety plan for the child(ren).
3. Ensure that all documentation, analysis of information and decisions are made in a manner that supports the management of the application to present danger or impending danger.
4. Given specific situations and provided the FFA-Investigation, evaluate the decisions that were made in regards to child safety.

5. Describe the process for identifying appropriate placements for children.
6. Define and apply the term diligent search as it applies to investigations and identify the required activities and notifications required by statute.
7. Identify the statutory restrictions for placement.
8. Describe the requirement for obtaining Child Health Check-ups and arranging for a Comprehensive Behavioral Health Assessment (CBHA).
9. Identify the placement considerations for children with special conditions such as developmental disabilities, prescribed psychotropic medications, complex medical or behavioral health issues, educational needs, teens and/or sibling groups or human trafficking/prostitution.

*Display Slide 6.2.3 (PG: 41)*



**What are the conditions or factors that you would consider to determine the point at which a child must be removed and placed in another home to “manage for safety?”**

***Endorse:***

- New report meeting present danger qualifier.
- Non-compliance with impending danger safety plan.
- Change in Caregiver Protective Capacity (with special focus on domestic violence, substance abuse, mental illness and criminal behavior).
- Supplemental/additional Information regarding maltreatment.

*Ask for examples with the responses or provide them yourself.*



**Who can tell me the safety analysis and planning five essential questions that were covered in the previous unit?**

***Endorse:***

1. Is the parent or legal guardian willing to participate in the development and implementation of an in-home safety plan AND has the caregiver demonstrated that they will cooperate with all safety service providers identified in the plan?
2. Is the home environment calm and stable enough for an in-home safety plan to be implemented and for safety service providers to work with the family safely in the home?
3. Are safety services available at a sufficient level and to the degree necessary to manage all impending danger threats manifesting in the home?
4. Can an in-home plan and use of in-home safety services be implemented prior to the investigator obtaining the results of any professional evaluations?
5. Does the parent or legal guardian have an established domicile from which an in-home plan can be implemented?



**How do you know if a caregiver is demonstrating that they will cooperate? Or the home environment is calm? Or there are sufficient safety services? Or using in-home safety services prior to receiving evaluations?**

**Trainer Note:** The point of these questions is that you want participants to be able to make the connection to the information gathering domains, the importance of importance verification, reconciliation and sufficiency and observations and documentation.



When removal is necessary, it should be viewed as temporary in an effort to achieve interim safety and to establish new safety benchmarks.





## Activity: Remove or Not Remove?

Display Slide 6.2.4



### Materials:

- **PG: 42-43, Case Scenarios**

### Trainer Instructions:

- *Have participants read the scenarios with the caveat that an FFA was completed and an impending danger plan is in place. They will need to make the determination as to whether or not the children should be removed and explain their rationale for the decision?*
- *Prompt with referring back to present danger criteria.*

### Case Scenario #1

A call was made to the Hotline by a friend of a 37-year-old female, Patty, who has been married for 18-years. She has 2 small children (Joe 6, Tom 5) that live in the house with her and her husband. Patty confided that in the neighbor that her husband, Dave, has a drinking problem and regularly hits Patty. About an hour ago, he hit her in the face with his fist and she thinks she has a black eye and possibly a broken nose. The children are present for most of the incidents and have witnessed them. On several occasions, the 6-year-old son has tried to intervene and Dave will throw him to the ground and yell at him to “get the hell out of here.” The violence has been going on for almost 15-years and has increased with Dave’s drinking.

A present danger safety plan was developed. The Department filed a Ch. 39 Injunction and Dave left the home and went to stay his brother Matt. Matt agreed to contact Law Enforcement if he had knowledge of Dave going to see Patty or the children. The neighbor, Anna, agreed to go to Patty’s home at different times every day and contact Law Enforcement if Dave was present. CPI receives a call from Anna, reporting that she contacted Law Enforcement last night because Dave was at the home screaming and yelling at Patty and the children. Dave was arrested. CPI visits the home and speaks to Patty. Patty admits that Dave was

there last night and states that she asked him to come over because she really missed him and she wanted to see if they could work things out.

### **Case Scenario #2**

A call was made to the Hotline by a Nurse Practitioner at the local community mental health clinic regarding a 24-year-old mother of three (ages 5, 4 and 2) who is diagnosed with paranoid schizophrenia and has decided to come off of her meds. She is actively hallucinating and has had past episodes of leaving the children alone when she is in this state. Upon arrival to the home for the initial visit she is actively hallucinating and believes that her father is the devil and was sent from hell to take her children. The maternal grandmother was at the home at the time and agreed that she would stay with the children in the home until the mother got back on her medication. Two-weeks later, the grandmother called to say that she had to go back to her house because her daughter now believes that she is the devil and she is fearful of her. The grandmother reported that the daughter has now started “talking to herself and appears to be having conversations with the devil.”

When you arrive at the home, you find the mother to be lucid and aware of her surroundings. She is observed to be appropriately interacting with the children. The children appear to be enjoying the time with their mother. All three children are clean and appear to be well cared for.

**Trainer Note:** Make sure that the class does not view the mother’s current state as a lack of a danger threat. Focus on the fact that the safety service provider is no longer available.



## **Activity STOP**

*Display Slide 6.2.5*



**Who can tell me what we mean by “least-intrusive” safety planning?**

***Endorse:***

Safety plans with families should be the least restrictive and least intrusive as possible because we want supports and services that are the most appropriate and natural for the child and family.

*These questions are meant to build on one another.*



### Why do we use the least intrusive first?

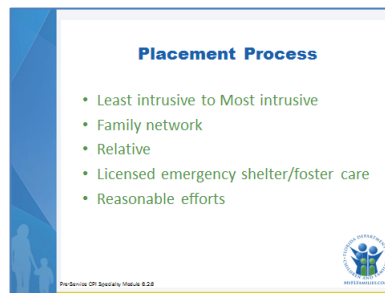
**Trainer Note:** Be sure that there is a discussion about family-centered practice. Be sure to ask a lot of “whys” for the rationale to responses.



### Who can tell me what non-negotiables mean when we are talking about safety planning?

**Trainer Note:** Responses might include something like line in the sand. Help participants through a role play understand the importance of explaining why it is a non-negotiable in terms of how the parent’s action, choice, or arrangement compromises the child’s safety.

*Display Slide 6.2.6 (PG: 44-45)*



In all cases, reasonable efforts must be made to prevent removal of a child unless there is not an option that can mitigate danger to the child.



### Generally speaking, what is meant by reasonable efforts?

*Refer participants to “Seeking Court Supervision and Demonstrating Reasonable Efforts” in the Safety Methodology Practice Guidelines, All Staff.*

**Endorse:**

*Be sure to cover these areas specifically if they have not been covered in the participant responses:*

- Vigorously managing and adjusting safety services and providers, as needed, to ensure safety plan sufficiency and to increase or decrease the level of intrusiveness when warranted.
- Services being offered are targeted to the particular needs of the child and family and focused on the problems that led to the finding of abuse or neglect.
- Locating and offering services that would prevent the child's removal and ensure the child's safety.
- Identifying and attempts to ameliorate barriers that exist to the family's use of the offered service (i.e. transportation, child care, language skills, hearing impediments, disabilities and educational deficits).
- Services being offered are culturally competent.
- Services needed by the child and family available in the community or can the services be contracted through an outside resource
- Services offered in a timely manner.
- Service providers have the credentials and experience to provide problem specific services (i.e., domestic violence, substance abuse, mental illness).
- Services and supports were customized to the individual needs of the family.



Under Chapter 39, F.S., the court may find that you (and the Department) made a reasonable effort to prevent or eliminate the need for removal if:

- The first contact of the department with the family occurs during an emergency.
- The appraisal by the department of the home situation indicates a substantial and immediate danger to the child's safety or physical, mental, or emotional health, which cannot be mitigated by the provision of preventive

services.

- The child cannot safely remain at home, because there are no preventive services that can ensure the health and safety of the child or, even with appropriate and available services being provided, the health and safety of the child cannot be ensured.
- The parent is alleged to have committed any of the acts listed as grounds for expedited termination of parental rights under s. 39.806(1)(f)-(l).

Chapter 39 also stipulates that a child can be sheltered if they meet the following criteria:

- The child has been abused, neglected, or abandoned, or is suffering from or is in imminent danger of illness or injury as a result of abuse, neglect, or abandonment.
- The parent or legal custodian of the child has materially violated a condition of placement imposed by the court.
- The child has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care.

Our discussion about least-intrusive to this point has been with regard to safety planning. So when we are thinking about placement, we still have to think of least intrusive to most intrusive continuum. Placement considerations should be as follows:

- The child temporarily lives with someone in the family network;
- The child is placed with a relative after background checks have been completed and the home study initiated; or
- No appropriate relative placement is known or available and the child is placed in a licensed emergency shelter/foster care placement.



When making placement decisions, you must always remember that the primary purposes of Chapter 39 are:

- To provide for the care, safety, and protection of children

in an environment that fosters healthy social, emotional, intellectual, and physical development; to ensure secure and safe custody

- To promote the health and well-being of all children under the state's care
- To prevent the occurrence of child abuse, neglect, and abandonment
- To recognize that most families desire to be competent caregivers and providers for their children and that children achieve their greatest potential when families are able to support and nurture the growth and development of their children.

This means that we have to safeguard against making the placement process a traumatic one for the child and the family.

*Display Slide 6.2.7*



As part of the removal and placement process, you may need to do a diligent search for relatives as outlined in Chapter 39 and CFOP 175-22.

**Trainer Note:** Review the document paying special attention to the definitions and the process/procedures.



**What could you do if a parent won't give you the names of relatives or the name of the father?**

**Trainer Note:** This question should be answered with responses related to family engagement. Have participants tell you what they would say or do to engage the parent. For example: "What makes this difficult to do?" What

would make it possible for you to do this?” “Why do you think we want you to have a say in where your child goes?” etc.

*Display Slide 6.2.8 (PG: 46-47)*



Chapter 39, F.S., also outlines the statutory requirements for placement (s. 39.0138, F.S.). Safety Methodology Practice Guidelines, All Staff also provides guidance on types of background checks required for different circumstances.

The section states that you will conduct a records and criminal history check through the FCIC and NCIC on all persons, including parents, being considered by the department for placement of a child including all non-relative placement decisions, and all members of the household, 12-years-of-age and older, of the person being considered.

**Trainer Note:** As you read these sections of Chapter 39, F.S., give examples if need be or ask for examples. If participants have access to the internet, have them bring up the statute to use as a reference.



A person that you are considering placement with is expected to disclose to you any prior or pending local, state, or national criminal proceedings in which they are or have been involved. But you can't act simply on their word. You must complete the background checks even if you feel confident that there will be nothing in them to stop the child from being placed in the home.

You must submitting fingerprints to the Department of Law Enforcement for processing and forwarding to the Federal Bureau of Investigation for state and national criminal history

information, and local criminal records checks through local law enforcement agencies of all household members 18-years-of-age and older and other visitors to the home.

You must complete an out-of-state criminal history records check on anyone 18-years-of-age or older who resided in another state if that state allows the release of such records.

Once the criminal history checks have been completed, you can not knowingly place a child with a person other than a parent if the criminal history records check reveals that the person has been convicted of any felony that falls within any of the following categories:

- Child abuse, abandonment, or neglect.
- Domestic violence.
- Child pornography or other felony in which a child was a victim of the offense.
- Homicide, sexual battery, or other felony involving violence, other than felony assault or felony battery when an adult was the victim of the assault or battery.

Additionally you can't place a child with a person other than a parent if the criminal history records check reveals that the person has, within the previous 5-years, been convicted of a felony that falls within any of the following categories:

- Assault
- Battery
- A drug-related offense

You can however, place a child in a home that otherwise meets placement requirements if a name check of state and local criminal history records systems does not disqualify the applicant and if the department submits fingerprints to the Department of Law Enforcement for forwarding to the Federal Bureau of Investigation and is awaiting the results of the state



and national criminal history records check.

The complete criminal history records check must be considered when determining whether placement with the person will jeopardize the safety of the child being placed.

The court may review a decision of the department to grant or deny the placement of a child based upon information from the criminal history records check. The review can be initiated through motion by any party; through the request of any person who has been denied a placement by the department; or on the court's own motion.

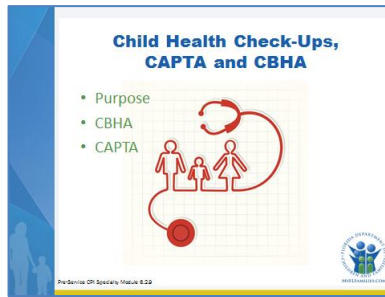
If a person is denied placement because of the results of a criminal history records check, they can present "evidence of rehabilitation" to show that the person will not present a danger to the child if the placement of the child is allowed. Evidence of rehabilitation may include, but is not limited to:

*(Trainer Note: Ask for examples or provide examples of each)*

- The circumstances surrounding the incident providing the basis for denying the application.
- The time period that has elapsed since the incident.
- The nature of the harm caused to the victim, whether the victim was a child.
- The history of the person since the incident, whether the person has complied with any requirement to pay restitution.
- Any other evidence or circumstances indicating that the person will not present a danger to the child if the placement of the child is allowed.



**Are there any questions?**

*Display Slide 6.2.9 (PG: 47-48)*

When a child is removed from the home, you must ensure that their physical as well as mental/behavioral health needs have been assessed and addressed.

Florida law requires that every child removed and maintained in out-of-home placement must have a Child Health Check-Up by a recognized healthcare provider to determine the child's current condition and healthcare needs.

The Child Health Check-Up is required for every child placed in a licensed home or with a relative/non-relative caregiver within 72-hours of removal.

The Child Abuse and Protection Act or CAPTA requires that all children under the age of three (3) with a substantiated case of abuse or neglect have a developmental screen. In Florida, the developmental screens are completed through the Early Steps Program under the Department of Health Children Medical Services.

All children entering out-of-home care ages birth through 17-years who are Medicaid eligible are to be provided a Comprehensive Behavioral Health Assessment or CBHA.

CBHAs are Medicaid funded assessments used to provide specific information about the child's mental health and related needs. The CBHA is an in-depth and detailed assessment of the child's emotional, social, behavioral, and developmental

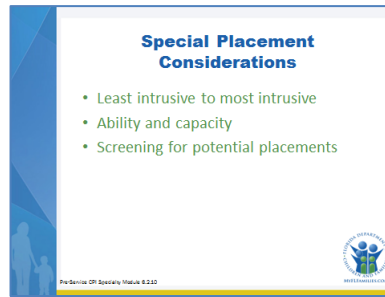
functioning within the family home, school, and community as well as the clinical setting. CBHA's are completed by a licensed clinician. The needs identified through the CBHA and the recommendations for services are to be included in the family's case plan.

The goals of the CBHA are to:

- Provide assessment of areas where no other information exists.
- Update pertinent information not considered current.
- Integrate and interpret all existing and new assessment information
- Provide functional information, including strengths and needs that will aid in the development of long term and short term intervention strategies to enable the child to live in the most inclusive, least restrictive environment.
- Provide specific information and recommendations to accomplish family preservation, re-unification, and permanency planning.
- Provide data to support a child specific staffing, which may include information to assist in making the most appropriate placement, when out-of-home care or residential mental health treatment is necessary.
- Provide the basis for developing an effective, individualized, strength-based service plan.

If at any point while the case is still open under investigations, the medical or mental/behavioral health assessments indicate a need for services, you must locate that service and initiate the referral process.

Display Slide 6.2.10 (PG: 49)



There are sometimes special circumstances that require more carefully consider when assessing your placement options if you remove a child that has developmental disabilities, prescribed psychotropic medications, complex medical or behavioral health issues, educational needs, teens and/or sibling groups or human trafficking/prostitution.

These children need to have a full risk, health, educational, medical and psychological screening or assessment and testing, if needed.



**Why do we want all these screens and assessments?**

**Trainer Note:** Answers should include: to ensure proper placement, and continuity of services and care.



**PG: 49-50**

Let's start the conversation with psychotropic drugs. Psychotropic drugs are prescription medications for mental or behavioral health issues such as ADHD, depression, Bipolar etc. One of the most controversial issues for the child welfare system is the number of children in the system on psychotropic medication. It is important that you stay abreast of any changes to legislative or operational changes regarding the administration of psychotropic medication.

Here is what you need to know. If a child is removed from the home under s. 39.401, F.S., and is receiving prescribed

psychotropic medication at the time of removal and parental authorization to continue providing the medication cannot be obtained, you can take possession of the remaining medication and may continue to provide the medication as prescribed until the shelter hearing, ONLY if it is determined that the medication is a current prescription for that child and the medication is in its original container.

If the department continues to provide the psychotropic medication to a child when parental authorization cannot be obtained, the department shall notify the parent or legal guardian as soon as possible that the medication is being provided to the child. The child's official departmental record must include the reason parental authorization was not initially obtained and an explanation of why the medication is necessary for the child's well-being.

If the department is advised by a physician licensed under Chapter 458 or Chapter 459, F.S., that the child should continue the psychotropic medication and parental authorization has not been obtained, the department shall request court authorization at the shelter hearing to continue to provide the psychotropic medication and shall provide to the court any information in its possession in support of the request. Any authorization granted at the shelter hearing may extend only until the arraignment hearing on the petition for adjudication of dependency or 28-days following the date of removal, whichever occurs sooner.

Before filing the dependency petition, the department shall ensure that the child is evaluated by a physician licensed under Chapter 458 or Chapter 459, F.S., to determine whether it is appropriate to continue the psychotropic medication. If, as a result of the evaluation, the department seeks court authorization to continue the psychotropic medication, a motion for such continued authorization shall be filed at the same time as the dependency petition, within 21-days after the shelter hearing.

You should always consult your supervisor if you have any concerns or questions about how to proceed when a child is prescribed psychotropic medication.

**Trainer Note:** CFOP 155-1 is located on **PG: 49** and provides the guidelines for inpatient treatment facilities. If time permits, review this or make note that it is in there guide. Reiterate the importance of supervisory consultation.

### **PG: 50**

**If there is a sibling group of three children ages 12-years-old, 11-years-old and 8-months-old, do we need to worry about whether or not they are placed together? Make sure they visit weekly? Why?**

**Trainer Note:** The correct response is yes. Chapter 39.402(8)(h)6. And 39.402(9)(b) , legislates that the Department must make every possible effort to place the siblings in the same home; and in the event of permanent placement of the siblings, to place them in the same adoptive home or, if the siblings are separated, to keep them in contact with each other. Siblings should also enjoy regular visitation, at least once a week, with their siblings unless the court orders otherwise.

Engage in a conversation about what their experience has been and what barriers there are that precludes this from happening.



### **PG: 50**

The judge can order a child in an out-of-home placement to be examined by a licensed health care professional, evaluated by a psychiatrist or a psychologist or receive a developmental valuation if a developmental disability is suspected or alleged.

The judge may also order a child to be evaluated by a district school board educational needs assessment team if there are academic concerns. The educational needs assessment typically includes reports of intelligence and achievement tests, screening for learning disabilities and other handicaps, and screening for the need for alternative education as defined in s. 1001.42, F.S.



## Why is academic information important?

**Trainer Note:** Response should include to ensure that child is receiving the services and supports they need and to ensure that the parent/ caregiver can support the child's needs.



We are now going to shift gears and talk about human trafficking.



## What is human trafficking and how is it related to the child welfare system?

**Trainer Note:** Allow for free response to gauge knowledge, attitudes and beliefs.

*Display Slide 6.2.11 (PG: 50)*



I am going to start by showing a video that runs for about 40 minutes.

**Trainer Note:** <https://www.youtube.com/watch?v=Gt38WSXkILM>  
Stop at 37:15 marker. Seek feedback when video is over.

**Trainer Note:** Open *CFOP 175-14: Intakes and Investigative Response to Human Trafficking of Children*. Review with participants what their role and responsibilities are as a CPI on pages 6-7.



## Are there any questions, comments or concerns?



Your take away about placements should be:

- Least intrusive to most intrusive continuum should still be considered, however placement considerations should be made regarding the prospective caregiver's ability and capacity to care for and meet the child's medical health, behavioral health and/or developmental needs.
- Information collection is critical when screening for potential placements, as inappropriate or multiple placements are often traumatizing to children.
- Having sufficient information will minimize any further trauma.

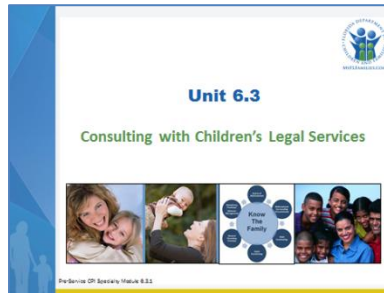


**Are there any questions/concerns/comments about this unit?**



## Unit 6.3: Consulting with Children's Legal Services

*Display Slide 6.3.1*



**Time:** 2 hours

**Unit Overview:** The purpose of this unit is to provide participants with an understanding of when to consult with CLS and identify roles and responsibilities between parties.

*Display Slide 6.3.2*



*Review the Learning Objectives with the participants.*

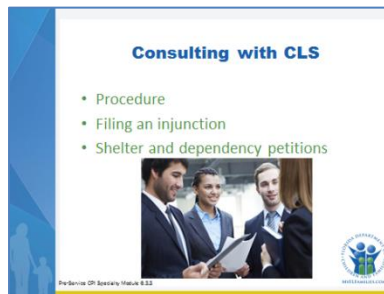


### **Learning Objectives:**

1. Recognize when consultations with CLS are necessary for purposes of shelter or dependency related actions.
2. Demonstrate application of consultation skills with CLS through practice scenario analysis and practice.
3. Describe the purpose of the Legal Staffing Decision Form and the process for staffing with Children's Legal Services.
4. Identify when the twenty-four hour time limit begins for a shelter hearing to occur following removal process.

5. List the notice requirements for all parents for a shelter hearing.
6. Define and describe why identification of the legal father or prospective father must begin at the time of the initial investigation.
7. Describe the need for identification of relatives of the child as early as possible in the removal process.
8. List and specify the elements of Chapter 39 that must be found by the court to affirm probable cause for removal/shelter of the child.

*Display Slide 6.3.3 (PG: 51)*



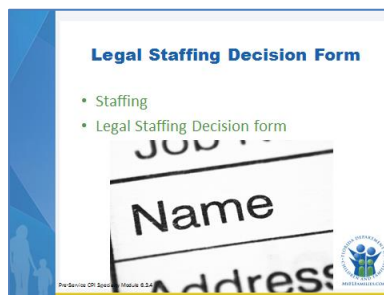
**How many of you have attending a shelter hearing? Any court hearing? Thoughts?**



We are going to spend a few minutes talking about consulting with CLS, Shelter petitions and shelter hearings. I will be reviewing the statutory requirements. You may feel overwhelmed with all of the information and rightfully so, but this is meant to just give you an overview of the process. You will be able to go back and review the statute, and consult with your supervisor and CLS attorney.

**Trainer Note:** Refer participants to s. 39.402, F.S.

*Display Slide 6.3.4 (PG: 52-54)*





Staffings with CLS are designed to discuss the legal basis and actions that are available to assist with ensuring child safety and safety plan compliance. If you request a staffing you should prepare by having ready access to:

- Documentation that supports the legal action you are requesting.
- Chronological notes and reports from providers.
- Court documents/Injunctions.
- CPT/Medical Exams.
- LE reports.
- Mental Health/Substance Abuse reports.

Please turn to PG: 52-54, for a blank copy of the Legal Staffing Decision Form.

**NOTE: OTHER THAN SIGNATURES, DO NOT HANDWRITE THIS FORM**

☐ **1. TAKE NO COURT ACTION**

☐ **2. TAKE DIFFERENT COURT ACTION THAN THAT REQUESTED**  
Requested action: \_\_\_\_\_ Recommended action: \_\_\_\_\_

☐ **3. DELAY COURT ACTION PENDING FURTHER INFORMATION.**  
Specific actions to be taken are as follows: (list actions and person(s) responsible) \_\_\_\_\_ .  
Additional admissible evidence will be sought and a follow up staffing will take place on \_\_\_\_\_ (date/time) (no more than fourteen days without explanation).

---

LEGAL ANALYSIS APPLIED TO RELEVANT CASE FACTS TO SUPPORT THE LEGAL DECISION:  
**Allegations:**

**Facts/Evidence Ascertained by CPI after Investigation:**

**Danger Threat(s) Identified by the CPI for Each Child in the Household:**

|        |                   |
|--------|-------------------|
| Child: | Danger Threat(s): |
| Child: | Danger Threat(s): |

**Discuss Protective Capacity of the Parent(s)/Caregiver(s) as assessed by the CPI.**

**Is there a safety plan? Y/N**

---

**Legal Analysis of Facts to the Law** *(why CLS cannot move forward with Court action):*

**Reasonable Efforts Made to Prevent/Eliminate the Need for Removal:**

**Suggestions/Next Steps/Follow Up** (See No. 3, Page 1):

**Conclusion:**

**Participants/Concurrence: Yes/No**

*(If the CPI/CPI Supervisor does not agree with the CLS decision, it MUST be escalated):*

**Documents reviewed by CLS attorney:**

|                                                                               |                                                                    |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> SAFETY PLAN (attached)                               | <input type="checkbox"/> CPT/Medical Documents                     |
| <input type="checkbox"/> Up to date PI/PS/CM <u>chronos</u> /Provider Reports | <input type="checkbox"/> Physical Evidence/Photographs of injuries |
| <input type="checkbox"/> LE Reports                                           | <input type="checkbox"/> Court Documents/Injunctions               |
| <input type="checkbox"/> Mental Health/Substance Abuse Records (attached)     | <input type="checkbox"/> Present Danger Assessment                 |
| <input type="checkbox"/> Family Functioning Assessment (attached)             | <input type="checkbox"/> Other: _____                              |

CLS Attorney must complete this form as a record of every formal legal staffing conducted. If a child is under 4 and there are 3 or more prior abuse reports, this form MUST be signed by the Managing Attorney and/or Regional Director.

|                                                  |                             |
|--------------------------------------------------|-----------------------------|
| _____<br>Attorney Name and Signature             | _____<br>Date of Submission |
| _____<br>Supervising Attorney Name and Signature | _____<br>Date of Review     |
| _____<br>Managing Attorney Name and Signature    | _____<br>Date of Review     |
| _____<br>Regional Director Name and Signature    | _____<br>Date of Review     |

**Trainer Note:** Review the form with the class.

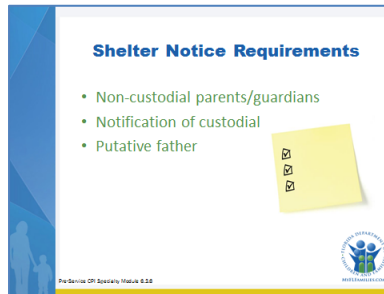
*Display Slide 6.3.5*



I just want to go over the shelter time frame one more time. When a child is removed, you must have the case heard before the court within twenty-four (24) hours of the removal.

This twenty-four (24) hour timeframe starts from the time of the actual removal.

Display Slide 6.3.6 (PG: 55)



Unless parental rights have been terminated, all parents must be notified of all proceedings or hearings involving their child. This means that you will need to a diligent search for absentee and prospective parents.

If you have done a diligent search and the parent still cannot be located, the Department will file an affidavit of diligent search prepared by you.

You will need to continue to search for and attempt to serve the parent even after the diligent search affidavit has been filed unless the court has excused you from further search.

If a parent has a known mental illness or a developmental disability, they are entitled to advocacy services through DCF, the Arc of Florida, or other appropriate mental health or developmental disability advocacy groups.



**Any questions?**



**PG: 55**

Let's take a few minutes to talk about fathers.

The Florida Legislature makes several references to the necessity

of having both parents involved in the dependency process, such as

- Section 39.013, Florida Statutes, which requires both parents to be advised of their right to counsel at each stage of the dependency proceeding,
- Section 39.502, Florida Statutes, which requires all parents to be notified of every proceeding or hearing involving the child.

In a court ruling a few years back, the opinion of the court was that “for a court to perform its duties in a dependency proceeding, it must, if possible, determine the identity of the minor child's father.” Over the last few years we have seen an increase in the numbers of fathers who are involved in the dependency system because there has been a concerted effort to diligently search for them and engage them in the process.

DCF is required to obtain the names of all parents and prospective parents when they take custody of a child. When a dependency petition is filed and the identity of a parent is unknown, the court is required to make its own inquiry to discover the parent's identity. If DCF discovers the identity of a parent, but his or her whereabouts are unknown, DCF is required to conduct a diligent search to determine the parent's location.

When determining permanency, the court must determine whether or not reunification with either parent is inappropriate. Therefore, the identity of a child's father is essential in a dependency proceeding and locating the father starts with you.

### ***PG: 56***

It is important that you know the distinctions in terminology with regards to the types of father you will be working with.

There is the:

- Legal Father
- Putative Father
- Biological Father



The term “legal father” is recognized in case law as the man whom enjoys all the rights, privileges, duties, and obligations of fatherhood for a specific child. According to s. 63.062(1)(b), Florida Statutes, the legal father is the parent of the child if:

- The child was conceived or born while the father was married to the mother.
- The father has legally adopted the child
- The father has signed an affidavit of paternity
- The father is the unmarried biological father who has acknowledged in writing that he is the father of the child and has complied with the other requirements set forth in s. 63.062(2), Florida Statutes.
- Under ss. 39.01(49) and (51), F.S., the legal father is a party to the case in a dependency proceedings and is entitled notice of all proceedings and hearings involving the child unless parental rights have been terminated.

The putative father, or prospective father, is a man who is thought to be the father of the child. When a putative father is named in a dependency case, he is entitled to notice of hearings, but is not recognized as the father of the child or as a party in the dependency action unless he files a sworn affidavit of parenthood without objection by the mother, or successfully pursues paternity under a Chapter 742 proceeding. The putative father is entitled to receive notice of hearings as a participant in a dependency case pending the results of the paternity action.

A putative father does not have standing to establish paternity of a child if the child was born into an intact marriage and the married woman and her husband object to the paternity action.

A “biological” father can be determined by the results of the [genetic test that indicates a statistical probability of paternity that equals or exceeds 99 percent](#). Paternity can be determined in five ways under Chapters 742 and 382, F.S.

- The parent has voluntarily signed a sworn paternity

affidavit or was established judicially or voluntarily in another state. See s. 742.105, Florida Statutes.

- The father is named on the child's birth certificate. The father must have signed a paternity affidavit before his name was put on the birth certificate.
- The putative father is found to be the biological father through genetic testing.
- Paternity is established by a court of competent jurisdiction under s. 382.015, F.S.
- If paternity has not been established, the parent can swear under oath that he is the parent of the child and adjudicate him/her as the parent, or order a DNA test for the father if he is contesting paternity.

***PG: 57-58***

In dependency court, the court must inquire about the name and location of the father at the shelter hearing, s. 39.402(8)(b), Florida Statutes. If a putative father exists and paternity has not been established, the initial shelter order should:

- Give the putative father and all other parties notice of the next hearing, at which paternity and child support will be addressed. Order a DNA test to establish paternity, if needed.

At the subsequent hearing, the court will:

- Establish paternity, if not already done and adjudicate the putative father as the parent of the child. Once paternity is established, the birth record needs to be updated at the Office of Vital Statistics to appropriately record the establishment of paternity.
- If a party still disputes paternity, they may request a jury trial.

If the putative father's identity is not known, the court will conduct the following inquiry if the identity or location of a putative father is unknown:

- Was the mother married at the probable time of conception of the child or at the child's birth?
- Was the mother living with a male the probable time of conception?
- Has the mother received payments or promises of support with respect to the child or because of her pregnancy from a man who claims to be the father?
- Did the mother name any man as the father on the birth certificate or in connection with applying for or receiving public assistance?
- Has any man acknowledged or claimed paternity in a jurisdiction in which the mother resided at the time of or since conception of the child, or in which the child has resided or resides?

If the court cannot identify a putative father after conducting this inquiry, the court will be unable to provide notice and shall make findings stating this conclusion and may proceed further in the dependency case. However, if a putative father is identified, then the court shall direct the Department to conduct a diligent search for that person before scheduling a disposition hearing, unless the court finds that the best interest of the child requires proceeding without notice to the person whose location is unknown. The diligent search must include, at a minimum:

- Inquiries of all relatives of the parent or prospective parent made known to the petitioner.
- Inquiries of all offices of program areas of the department likely to have information about the parent or prospective parent.
- Inquiries of other state and federal agencies likely to have information about the parent or prospective parent.
- Inquiries of appropriate utility and postal providers.
- A thorough search of at least one electronic database specifically designed for locating persons.
- Inquiries of appropriate law enforcement agencies.

If the diligent search uncovers a putative father, s. 39.503(8), Florida Statutes and Florida Rule of Juvenile Procedure 8.225(b)(5)(C) require that notice of hearing be provided to that person and that the person be given the opportunity to become a party to the proceedings by completing a sworn affidavit of parenthood and filing it with the court unless the other parent contests the determination of parenthood. If the known parent contests, the putative father shall not be recognized as a parent until proceedings under Chapter 742, F.S., have been initiated and concluded. However, the putative father shall continue to receive notice of hearings as a participant pending results of the Chapter 742 proceedings.



### **Why do we want to identify fathers at the time of the initial investigation?**

**Trainer Note:** Correct response should include that they are possible safety supports and placements as well as early engagement. Prompt discussion with questions about why we overlook fathers



### **Should children attend court? What would be the benefits?**

**Trainer Note:** Allow for a debate on this question. You may want to have each table discuss and then move to a large group discussion.



### ***PG: 59***

Section 39.01(51), F.S., defines the child as a party to a dependency case. Since the child is a party, the child should be notified of all court proceedings after the shelter hearing unless the court finds that the child's age, capacity or other condition should preclude them from being notified. The court can also find the notice would be detrimental to the child and excuse the child's presence.

Display Slide 6.3.7 (PG: 59)



In Florida, we have a relative/nonrelative caregiver program that is legislatively mandated.



**Why would there need to be a legislative mandate for relatives to become caregivers if the child is removed from the home?**

**Endorse:**

This legislation:

- Provides for the establishment of procedures and protocols that serve to advance the continued safety of children by acknowledging the valued resource uniquely available through grandparents and relatives of children.
- Recognizes family relationships in which a grandparent or other relative is the head of a household that includes a child otherwise at risk of foster care placement.
- Enhances family preservation and stability by recognizing that most children in such placements with grandparents and other relatives do not need intensive supervision of the placement by the courts or by the department.
- Recognizes that permanency in the best interests of the child can be achieved through a variety of permanency options, including permanent guardianship with a relative or adoption by a relative.
- Reserves the limited casework and supervisory resources of the courts and the department for those cases in which children do not have the option for safe, stable care within the family.



The Relative Caregiver Program provides financial assistance to relatives (including step-parents) who are caring full-time for that dependent child in the role of substitute parent as a result of a court's determination of child abuse, neglect, or abandonment and subsequent placement with the relative under this chapter.

Statute also provides provisions for nonrelatives who are willing to assume custody and care of a dependent child in the role of substitute parent as a result of a court's determination of child abuse, neglect, or abandonment and subsequent placement with the nonrelative caregiver under this chapter. The court must find that a proposed placement under this subparagraph is in the best interest of the child.

Regardless of how the relative is identified, they must have the required criminal background checks that we previously discussed.